

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

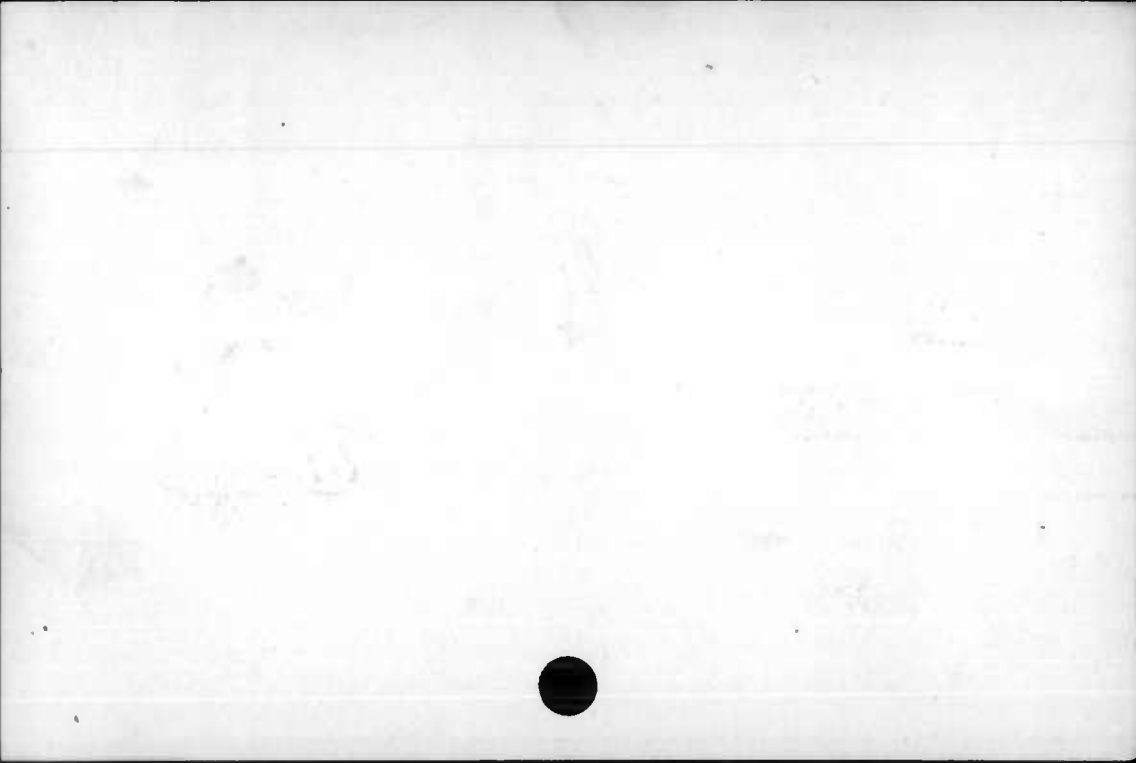
| | | | | | |
|---|--|---|--|----------------------------|--|
| Name in Full <i>Mary Allen</i> | | County <i>Worcester</i> | | MARYLAND | |
| Died at <i>Mar. 28</i> | | Month <i>May</i> | | Day <i>28</i> | |
| Date of death 190 <i>5</i> | | Age <i>25</i> | | Months <i>25</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Engl</i> | |
| Occupation <i>House girl</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Samuel Taylor</i> | | | |
| Father's Name <i>Irvin Allen</i> | | Father's Birthplace <i>Engl</i> | | | |
| Mother's Maiden Name <i>Charlotte Allen</i> | | Mother's Birthplace | | | |
| Name of person giving information <i>John Gorbey</i> | | How related to deceased <i>None</i> | | | |

CAUSES OF DEATH

(69)

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Epilepsy</i> | How long <i>2 or 3 years</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>W. Doctor</i> |
| | Address <i>OK, D. A. Massey</i> |
| Accident or Suicide? | |



Name
in
Full

Unmaned Armstrong

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

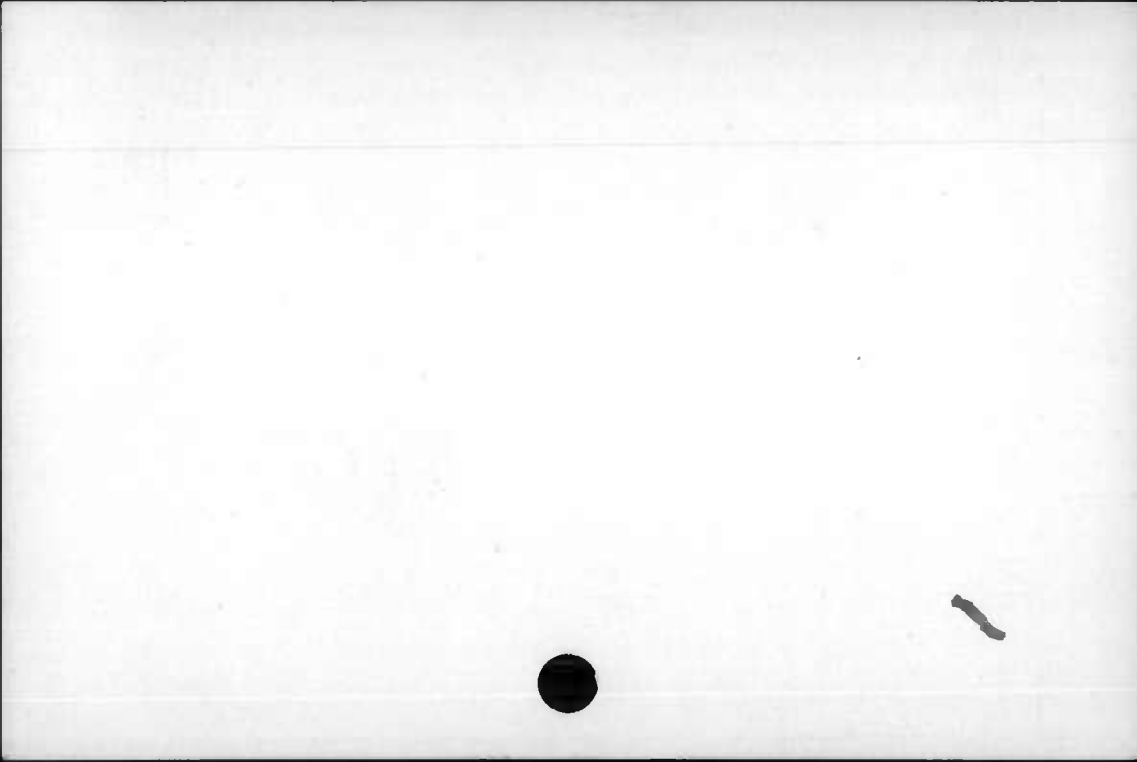
| | | | | | | | |
|---------------------------------------|--|-----------------------------|------------|---|----------|--------------------------------------|-------------|
| Died at | | Town Pocomoke | | County Worcester | | MARYLAND | |
| Date of death | | 1908 | Month 1 | Day 28 | Age — | Years — | Months — |
| Sex male | | Color or Race Colored | | Birth- place Md. | | | |
| Occupation none | | | | Where Residing if not at place of death — | | | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband — | | | |
| Father's Name | | Saml. Armstrong | | | | Father's Birthplace Md. | |
| Mother's Maiden Name | | Annie Handy | | | | Mother's Birthplace Md. | |
| Name of person giving In formation | | Saml Armstrong | | | | How related to deceased Father | |

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

| | | | |
|---|------------|--|--|
| Primary | Still born | How long | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician H. W. Ellis | |
| | | Address Pocomoke | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

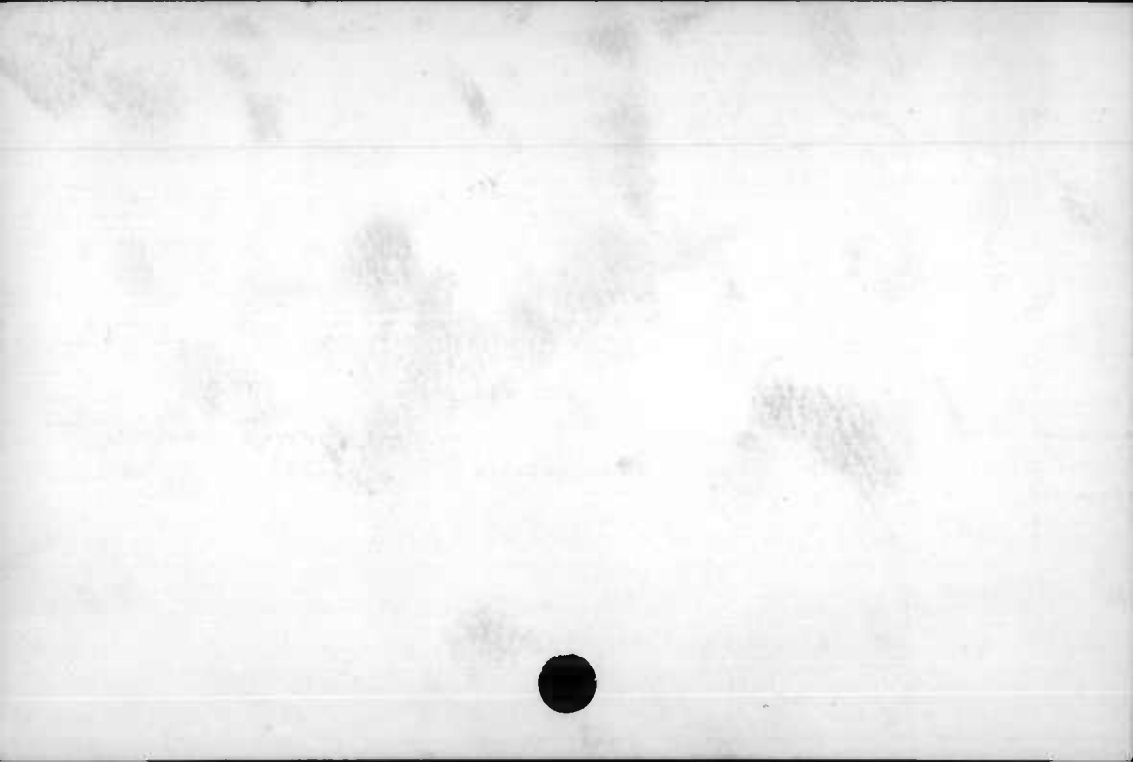
| | | | | | | |
|--|------------------------------|--------------------------------------|--|----------|------------------|------|
| Died at <i>Pocomoke city</i> ^{Town} | | <i>Morrisester</i> ^{County} | | MARYLAND | | |
| Date of death <i>1908</i> | Month <i>Jan</i> | Day <i>27</i> | Age | Years | Months <i>11</i> | Days |
| Sex <i>Male</i> | Color or Race <i>colored</i> | | Birth-place <i>Pocomoke city</i> | | | |
| Occupation <i>Infant</i> | | | Where Residing if not at place of death <i>1 2 1</i> | | | |
| Married, Single or Widowed <i>1</i> | | | Name of Wife or Husband | | | |
| Father's Name <i>Alex Stings</i> | | | Father's Birthplace <i>Morrisester Co</i> | | | |
| Mother's Maiden Name <i>Frances Aydelotte</i> | | | Mother's Birthplace <i>1 1</i> | | | |
| Name of person giving information <i>Geo Wix</i> | | | How related to deceased <i>uncle</i> | | | |

CAUSES OF DEATH

35

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Scrophula</i> | How long <i>2 months</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Saml S. Lauer</i> |
| | Address <i>Pocomoke city Md</i> |
| Accident or Suicide? | |



Name
in
Full

Frances Azelotte

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

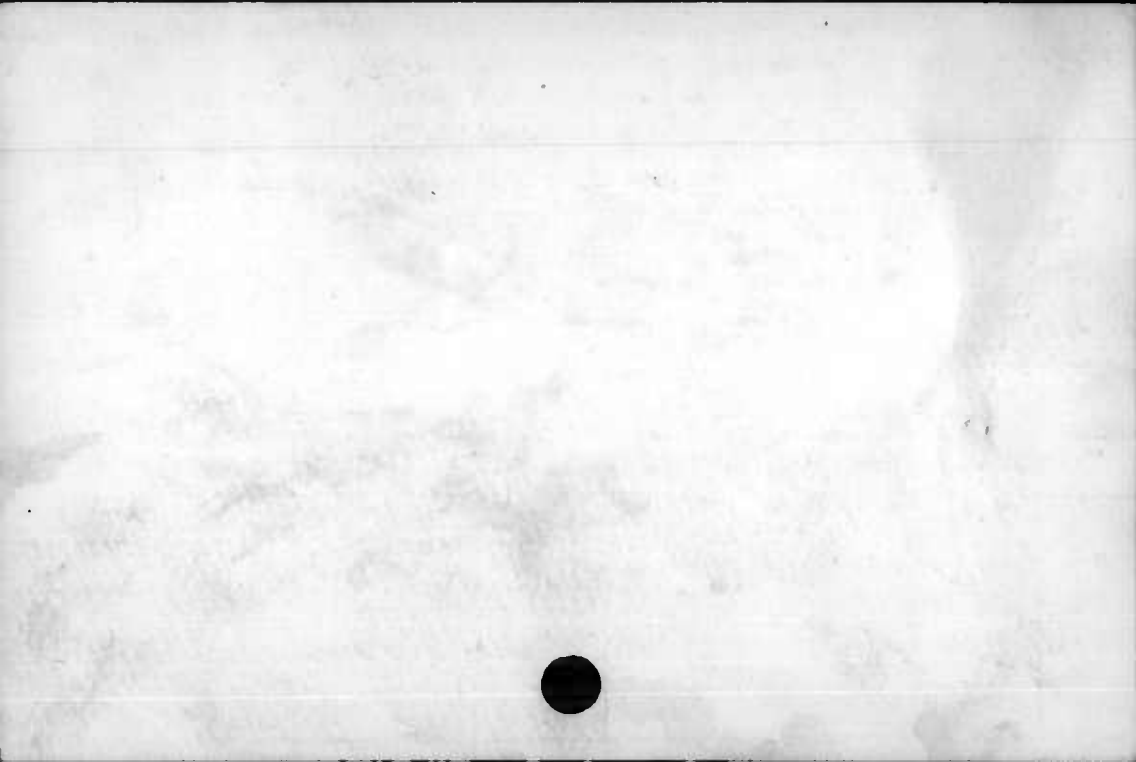
| | | | | | | | |
|---------------------------------------|---------------|-----------------------|----------------------------|---|----|----------------------------|--------------|
| Died at | | Town Pomonoke City | | County Worcester | | MARYLAND | |
| Date of death | 1908 | Month Jan | Day 23 | Years Age | 38 | Months | Days |
| Sex | Female | | Color or Race | Colored | | Birth- place | Worcester Co |
| Occupation | Domestic | | | Where Residing if not at place of death Pomonoke City | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | | |
| Father's Name | Thos Azelotte | | | | | Father's Birthplace | Worcester Co |
| Mother's Maiden Name | Ann Johnson | | | | | Mother's Birthplace | " " |
| Name of person giving In formation | Geo Matthews | | | | | How related to deceased | Neighbor |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | | | |
|---|------------|-----------------|--------|
| Primary | Pneumonia | How long | a week |
| Immediate | Exhaustion | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | Samuel H. H. H. | |
| Address | | Pomonoke City | |
| Accident or Suicide? | | | |



Name
in
Full

Elizabeth Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

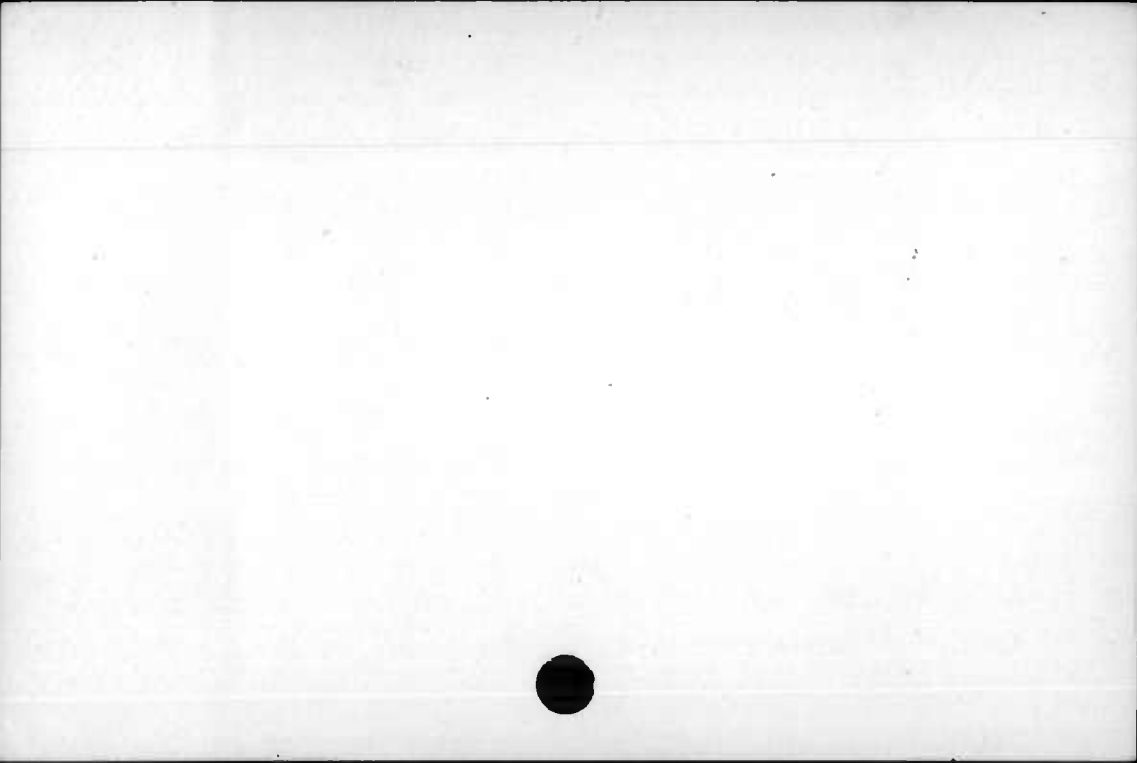
| | | | | | | | | | | | | | |
|--|------------------------|-----------------------------------|---|----------------|-----------|--|------------------------|-------|--|--------|--|------|--|
| Died at ^{Town} <i>Pocomoke City</i> | | ^{County} <i>Wicomico</i> | | MARYLAND | | | | | | | | | |
| Date of death | 1908 | Month | <i>June</i> | Day | <i>25</i> | Age | <i>85</i> | Years | | Months | | Days | |
| Sex | <i>Female</i> | | Color or Race | <i>Colored</i> | | Birth-place | <i>Wicomico Co. Md</i> | | | | | | |
| Occupation | <i>Housework</i> | | | | | Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | <i>Widow</i> | | Name of Wife or Husband <i>James Bailey</i> | | | | | | | | | | |
| Father's Name | <i>Dont know</i> | | | | | Father's Birthplace <i>✓</i> | | | | | | | |
| Mother's Maiden Name | <i>Dont know</i> | | | | | Mother's Birthplace <i>✓</i> | | | | | | | |
| Name of person giving information | <i>Elijah Williams</i> | | | | | How related to deceased <i>Grandson in law</i> | | | | | | | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------------------|---|---------------------|
| Primary | <i>Tubercular disease of heart</i> | How long | <i>Years</i> |
| Immediate | <i>Dropsical condition</i> | How long | <i>6 or 8 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>R. Lee Hall</i> | |
| | | Address <i>Pocomoke City, Md</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Albert P. Chinnix

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Snow Hill

Worcester

Date

1908

Month

Jan

Day

24

Age

Years

73

Months

9

Days

9

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

Farmer

Where Residing if not
at place of death

Ind

Married, Single
or WidowedName of Wife or
Husband

Margaret Chinnix

Father's
Name

Purnell Chinnix

Father's
Birthplace

Ind

Mother's
Maiden Name

Polly Sturgis

Mother's
Birthplace

Ind

Name of person giving
In formation

Ladok Chinnix

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Heart disease

How long

Instantly

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Gue Jones

Address

Snow Hill

m.p.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

to be



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John. W. Drums* Town *Snow Hill* County *Worcester* MARYLAND

Died at *Snow Hill* Date of death *1908 Jan 29* Month *Jan* Day *29* Age *47-* Years Months Days

Sex *male* Color or Race *white* Birth-place *Ind*

Occupation *laborer* Where Residing if not at place of death *—*

Married, ~~Yes~~ *Widowed* Name of Wife or Husband *Sallie Drums*

Father's Name *John P. Drums* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Perdue* Mother's Birthplace *Ind*

Name of person giving information *E. G. Perdue* How related to deceased *cousin*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *Lagrippe* How long *3 weeks*

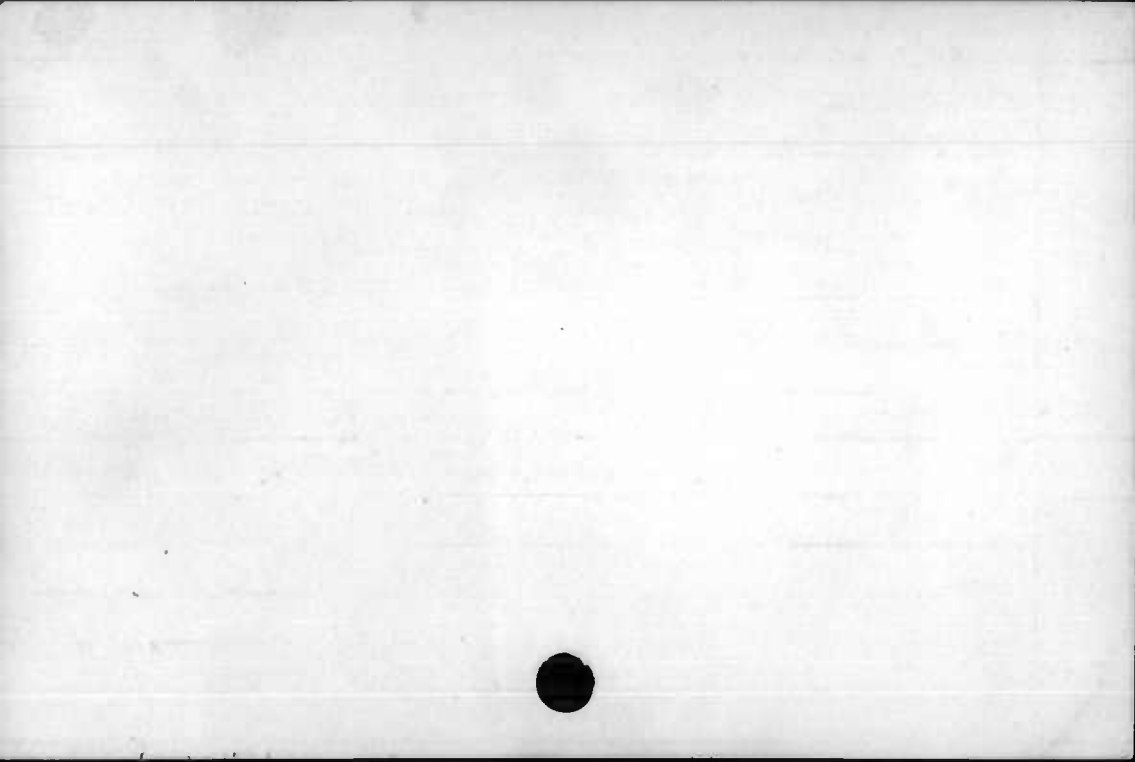
Immediate *acute nephritis* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John L. Pilly,*

Address *Snow Hill.*

Accident or Suicide? *Ind.*



Name
in
Full

Annie S. Quinn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near ~~Broom~~ ^{Worcester}

Date of death 1908 Jan

Day 14

Age Years

Months one

Days 7

Sex Female

Color or Race *col*

Birth-place near Broom

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

London Quinn

Father's Birthplace

near Broom

Mother's Maiden Name

Annie S. Quinn

Mother's Birthplace

Gudle type

Name of person giving information

London Quinn

How related to deceased

Father

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary

How long

Broom

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

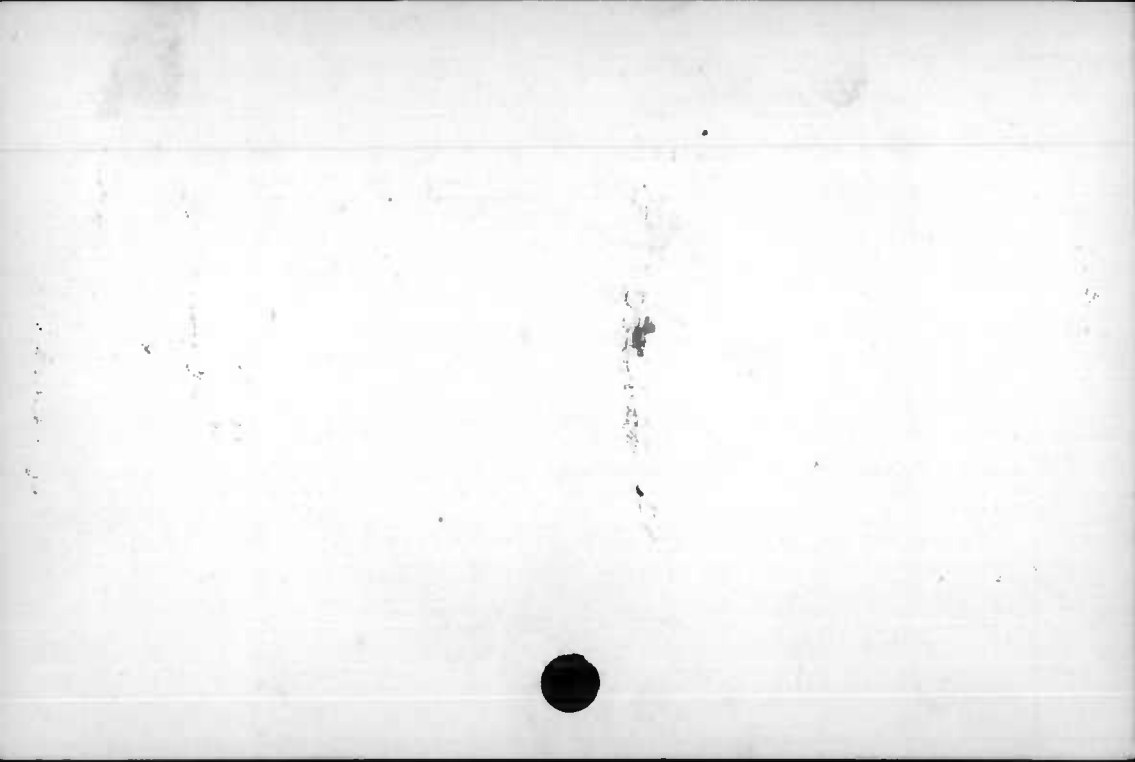
Yes

Signature of Physician

Address

S. J. Trust
Broom

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

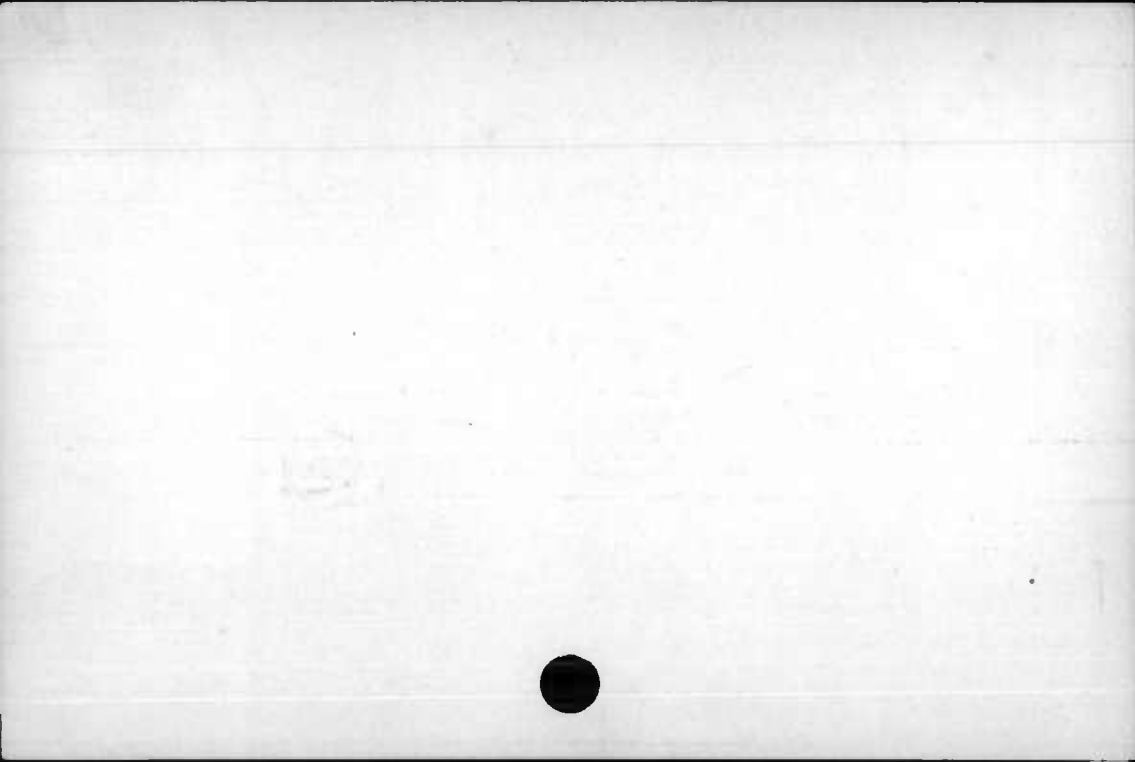
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|-------------------------------------|---------------------------------|---------------------|-------------------------------|
| Died at <u>Snow Hill</u> Town | | <u>Worcester</u> County | | MARYLAND | |
| Date of death | <u>1908</u> | Month <u>Jan</u> | Day <u>10</u> | Age <u>18</u> Years | Months <u>6</u> Days <u>—</u> |
| Sex <u>Male</u> | Color or Race <u>White</u> | | Birth-place <u>Wor. Co., Md</u> | | |
| Occupation <u>none</u> | Where Residing if not at place of death <u>Snow Hill</u> | | | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>Jas. M. Lorman</u> | | Father's Birthplace <u>Ind</u> | | | |
| Mother's Maiden Name <u>Fannie M. Mason</u> | | Mother's Birthplace <u>Ind</u> | | | |
| Name of person giving information <u>Jas. Stanford</u> | | How related to deceased <u>(39)</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <u>Osteo Sarcoma lower maxillary</u> | How long <u>3 yrs</u> |
| Immediate <u>Inanition & Exhaustion</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>Paul Jones</u> |
| | Address <u>Snow Hill Md</u> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

Lizzie C. Duffield

Town

County

Died near Snow Hill

Thoroates

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

Jan.

8th

Age

20

Sex

Female

Color or
Race

Colored

Birth-
place

Thoroates Co. Md.

Occupation

Domestic work

Where Residing if not
at place of death

M., Single

Single

Name of Wife or
HusbandFather's
Name

Charles E. Duffield

Father's
Birthplace

Maryland

Mother's
Maiden Name

Jane Taylor

Mother's
Birthplace

Maryland

Name of person giving
information

Charles E. Duffield

How related
to deceased

Father

CAUSES OF DEATH

10

Primary

La Grippe

How long

about 10 days

Immediate

Pneumonia

How long

about 5 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

John S. Delotte

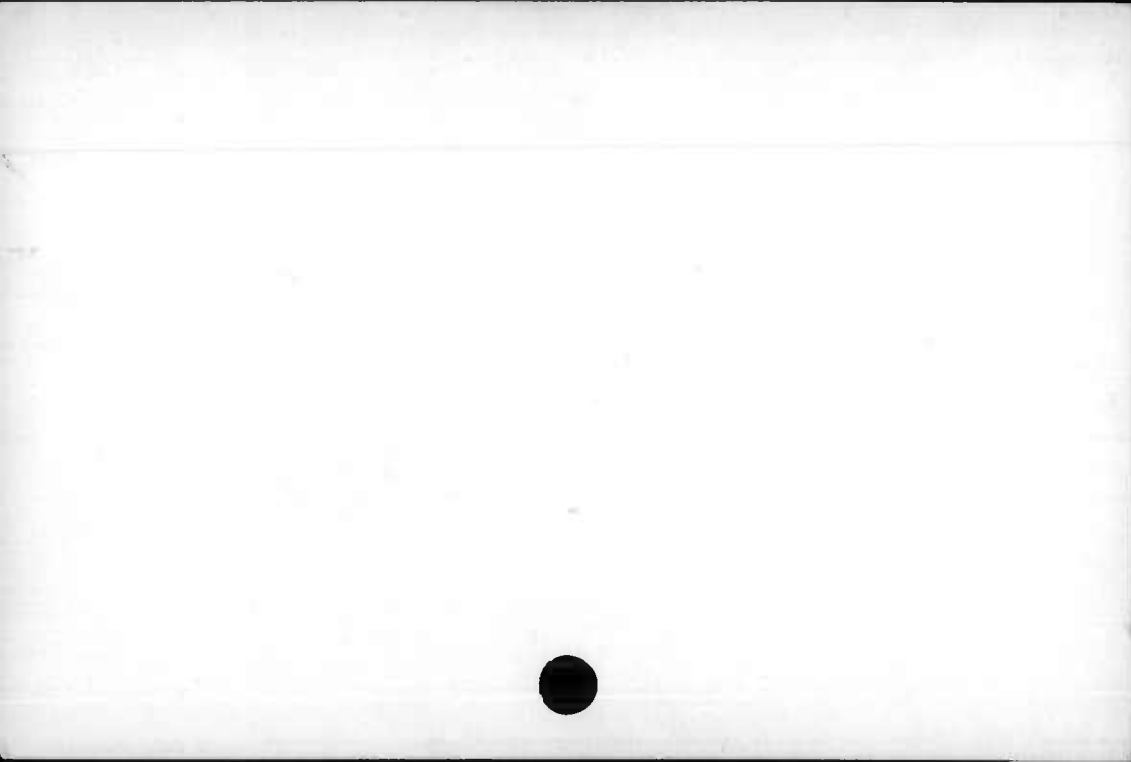
Address

Snow Hill

Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

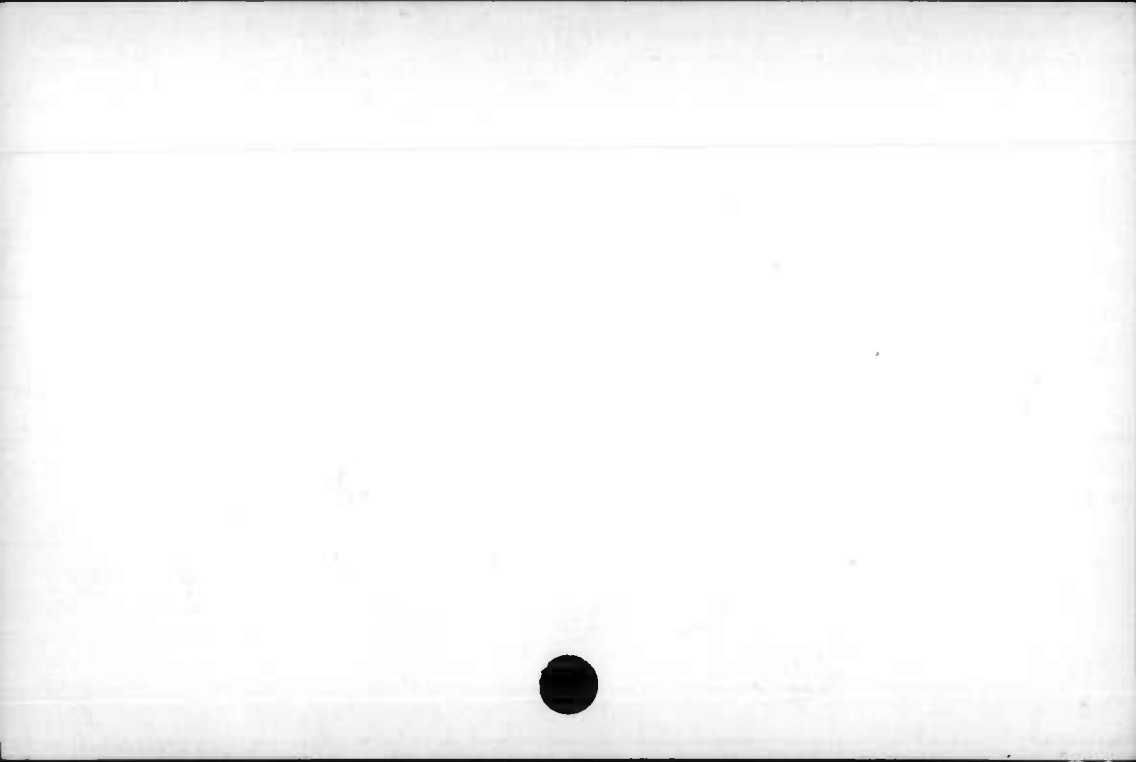
| | | | | | | | | | |
|--|--|--|--|---|--|-------------------------|--|----------------|--|
| Name in Full <i>Sarah Jane Harmon</i> | | | | Town <i>Snow Hill</i> | | County <i>Worcester</i> | | MARYLAND | |
| Died at | | Date of death <i>1908 Jan 30</i> | | Age <i>5-4</i> | | Months <i>5</i> | | Days <i>12</i> | |
| Sex <i>Female</i> | | Color or Race <i>Negro</i> | | Birth-place <i>Snow Hill, Md</i> | | | | | |
| Occupation <i>Housewife</i> | | | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Asbury Harmon</i> | | | | | | | |
| Father's Name <i>William Connor</i> | | Father's Birthplace <i>Unknown</i> | | | | | | | |
| Mother's Maiden Name <i>Annie Williams</i> | | Mother's Birthplace <i>Unknown</i> | | | | | | | |
| Name of person giving information <i>Asbury Harmon</i> | | How related to deceased <i>Husband</i> | | | | | | | |

CAUSES OF DEATH

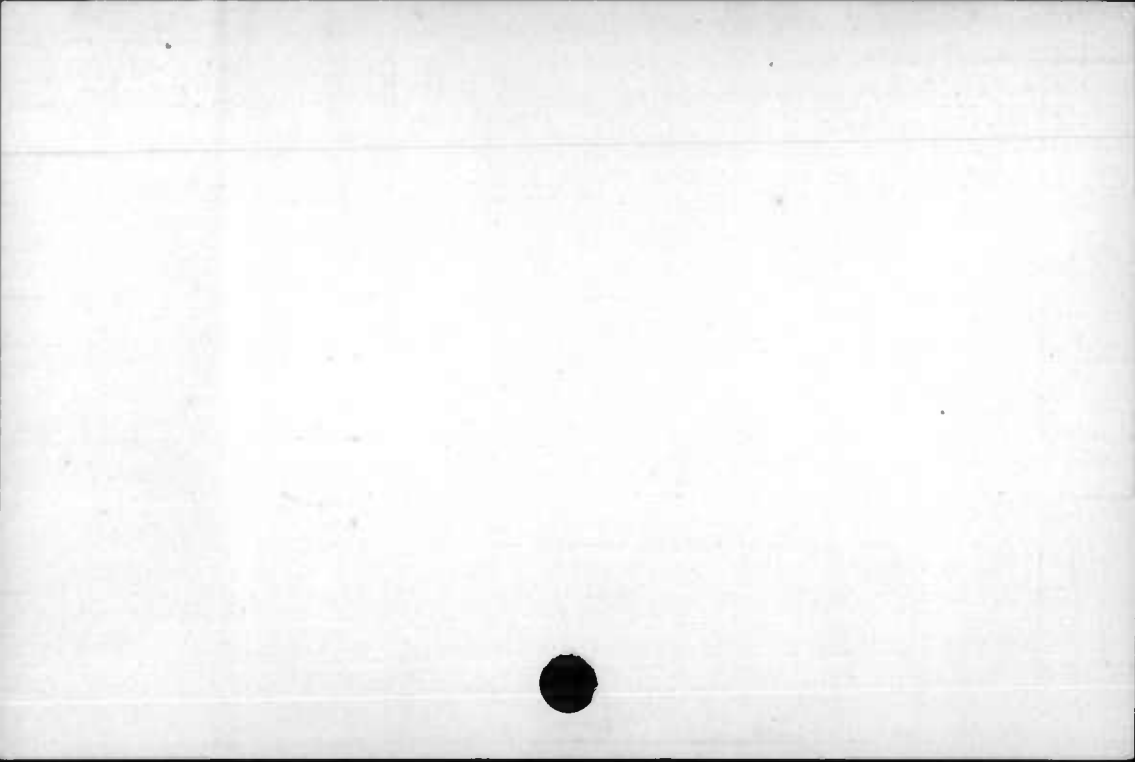
93

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|---|----------------|
| Primary | <i>Pneumonia</i> | How long | <i>10 days</i> |
| Immediate | <i>"</i> | How long | <i>"</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>John L. Riley</i> | |
| <i>yes</i> | | Address <i>Snow Hill, Md.</i> | |
| Accident or Suicide? | | | |



| Name in Full | | Obediah Johnson | | | | CERTIFICATE OF DEATH | |
|--|--|-----------------|-------------------------|---|----------------|----------------------|----------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Snow Hill | | Worcester | | MARYLAND | |
| | Date of death | 1908 | Month Jan | Day 27 | Age 78 | Months Unknown | Days Unknown |
| | Sex | Male | | Color or Race | Negro | Birth-place | Snow Hill, Md. |
| | Occupation | Laborer | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | Married | Name of Wife or Husband | Margaret Rice Johnson | | | |
| | Father's Name | Jostney Bevans | | Father's Birthplace | Snow Hill, Md. | | |
| | Mother's Maiden Name | Rachael Bevans | | Mother's Birthplace | Snow Hill, Md. | | |
| Name of person giving information | D. H. Lewis | | How related to deceased | | Not related. | | |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(10)</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Lagrippe | | How long | 11 days | | |
| | Immediate | " | | How long | " | | |
| | Are the name, age, sex, color, date and place correctly given above? | Yes | | Signature of Physician | John L. Riley, | | |
| | Address | Snow Hill | | Md. | | | |
| Accident or Suicide? | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

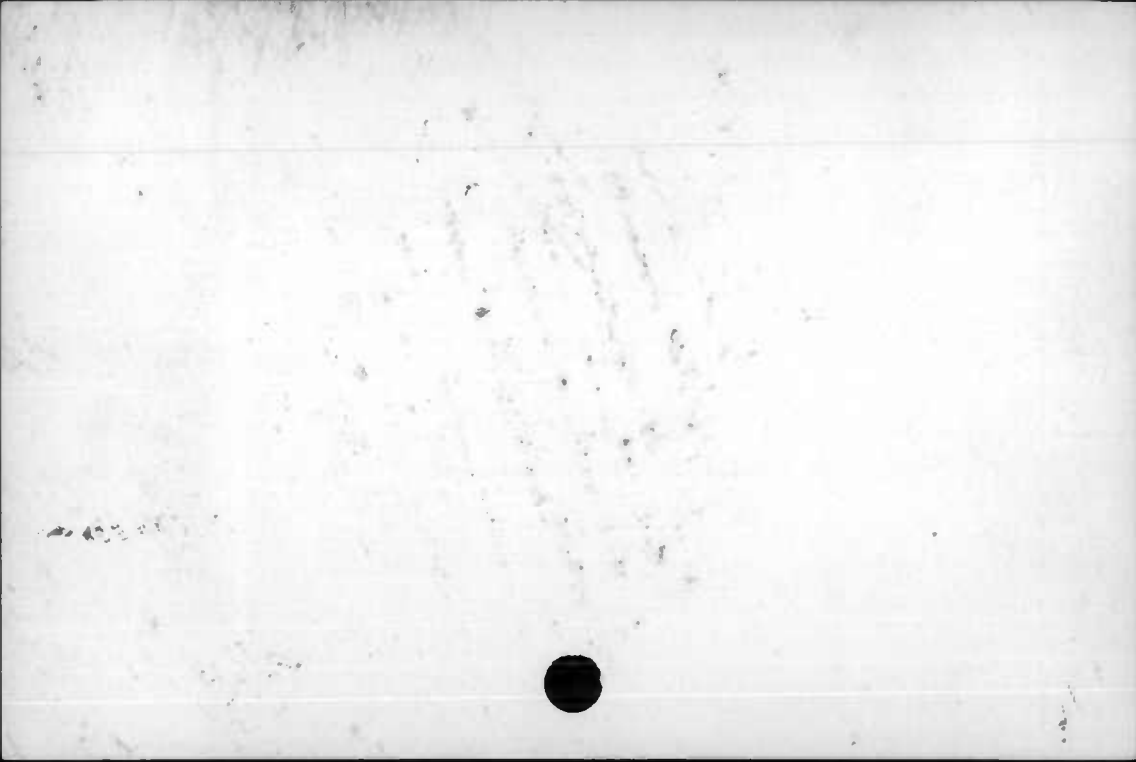
| | | | | | | | |
|-----------------------------------|-----------------------|---------------------------|-------------------------|---|-----|-------------------------|----------------------|
| Died at <i>Pocomoke city</i> | | Town <i>Pocomoke city</i> | | County <i>Morristown</i> | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>Jan</i> | Day <i>11</i> | Years <i>56</i> | Age | Months | Days |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | | Birth-place | <i>Morristown Co</i> |
| Occupation | <i>Laborer</i> | | | Where Residing if not at place of death | | <i>Pocomoke city</i> | |
| Married, Single or Widowed | <i>Single</i> | | Name of Wife or Husband | | | | |
| Father's Name | <i>John Lankford</i> | | | | | Father's Birthplace | <i>Morristown Co</i> |
| Mother's Maiden Name | <i>Mary Walker</i> | | | | | Mother's Birthplace | <i>11 11</i> |
| Name of person giving information | <i>Mrs Thos Lewis</i> | | | | | How related to deceased | <i>Sister</i> |

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

| | | | | |
|--|----------------------|------------------------|--------------------------|-----------------|
| Primary | <i>Wound of Head</i> | | How long | <i>Jan 9th</i> |
| Immediate | <i>Paralysis</i> | | How long | <i>Jan 11th</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>Samuel L. Lusk</i> | |
| <i>Fracture + blood clot</i> | | Address | <i>Pocomoke city, Md</i> | |
| Accident or Suicide? | | <i>Homicidal</i> | | |



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

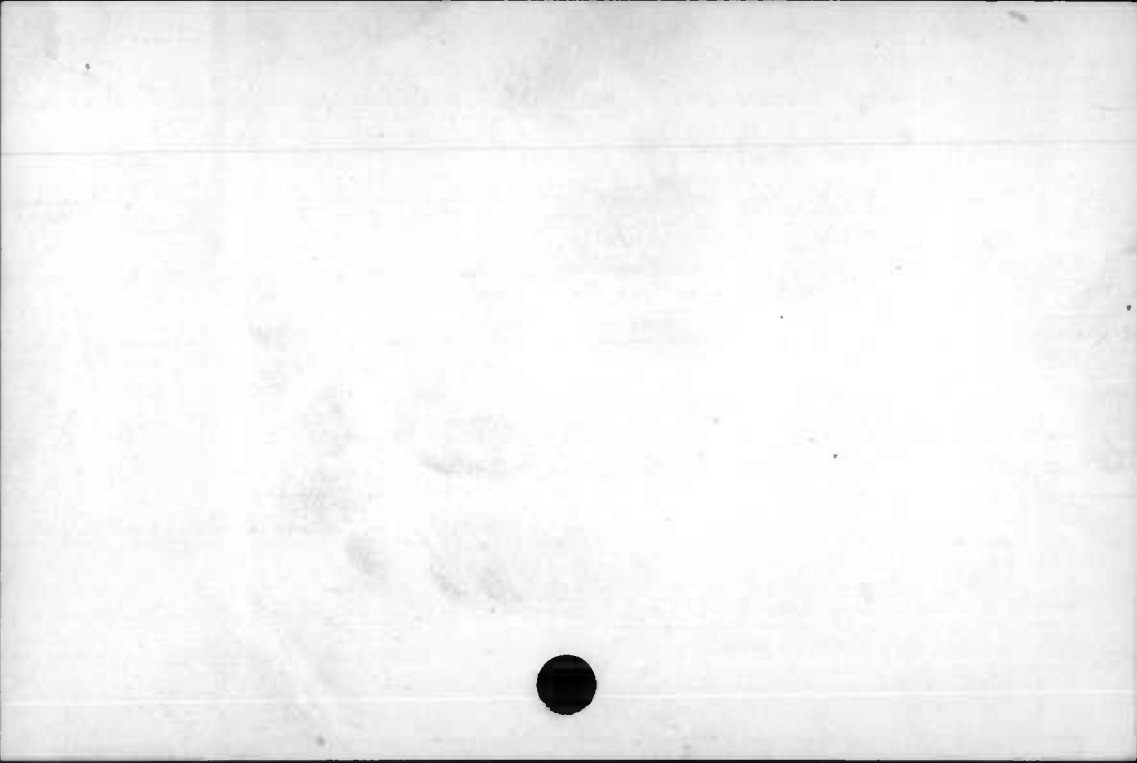
| | | | | | | | |
|---|--|---------------------------|--|---|--|-----------------|--|
| Name in Full <i>Samuel Lorain</i> | | Town <i>Pocomoke City</i> | | County <i>Worcester</i> | | MARYLAND | |
| Died at <i>Pocomoke City</i> | | Month <i>1</i> | | Day <i>30</i> | | Years <i>11</i> | |
| Date of death <i>1905</i> | | Age <i>18</i> | | Months <i>11</i> | | Days <i>18</i> | |
| Sex <i>male</i> | | Color or Race <i>Col</i> | | Birth-place <i>Pocomoke</i> | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name <i>Gas Lorain</i> | | | | Father's Birthplace <i>South Berlin</i> | | | |
| Mother's Maiden Name <i>Sarah Long</i> | | | | Mother's Birthplace <i>Pocomoke</i> | | | |
| Name of person giving information <i>Gas Lorain</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

⑧

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary | How long <i>Unknown</i> |
| Immediate <i>Whooping Cough</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>B. J. O. Smith</i> |
| <i>YES</i> | Address <i>Pocomoke City Maryland</i> |
| Accident or Suicide? | |



Name
in
Full

Amelia McGregor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|-------------------------------------|-------------------------|----------|------|
| Died at <i>Berlin</i> ^{Town} | | <i>Worchester</i> ^{County} | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>July</i> | Day <i>28</i> | Years <i>62</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Ired</i> | | |
| Occupation <i>Housewife</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>James McGregor</i> | | | | |
| Father's Name <i>Elijah Holloway</i> | Father's Birthplace <i>Ired</i> | | | | |
| Mother's Maiden Name <i>Amelia Holloway</i> | Mother's Birthplace <i>"</i> | | | | |
| Name of person giving information <i>Chas. McGregor</i> | How related to deceased <i>Son</i> | | | | |

CAUSES OF DEATH

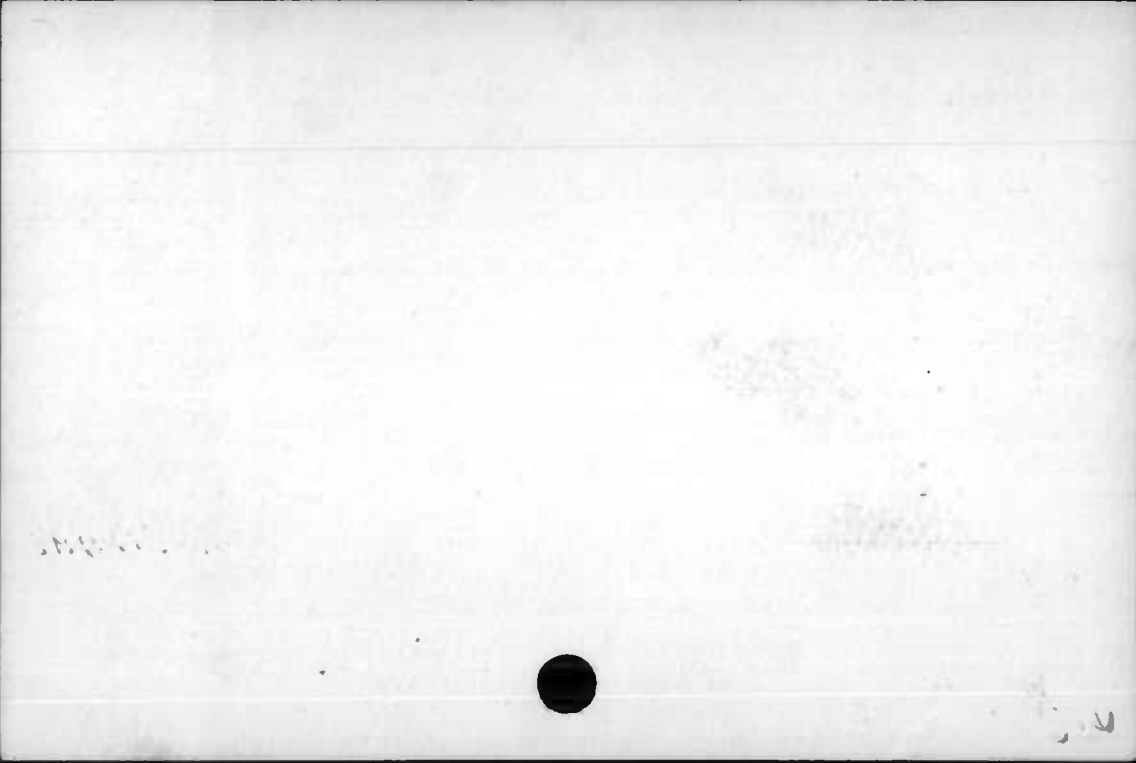
79

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Cardiac Dropsy</i> | How long <i>6 months</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Dr. J. Tyn dall</i> |
| | Address <i>Berlin</i> |
| Accident or Suicide? | |

... ..

| | | | | | | | |
|-------------------------------------|--|---|--|---|--|----------------------------|--|
| Name in Full | | Raymon J. Marsh | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Talendship</i> Town | | County <i>Worcester</i> | | MARYLAND | |
| | | Date of death <i>1908 Jan</i> | | Day <i>5</i> Age <i>1</i> Years | | Months <i>5</i> Days | |
| | | Sex <i>Male</i> | | Color or Race <i>Black</i> | | Birthplace <i>Maryland</i> | |
| | | Occupation | | Where Residing if not at place of death | | | |
| | | Married, Single or Widowed | | Name of Wife or Husband | | | |
| PHYSICIAN OR CORONER | | Father's Name <i>George W. Marsh</i> | | Father's Birthplace <i>Maryland</i> | | | |
| | | Mother's Maiden Name <i>Annie Tingle</i> | | Mother's Birthplace | | | |
| | | Name of person giving information <i>Burtis Donkin</i> | | How related to deceased <i>none</i> | | | |
| | | | | | | | |
| | | CAUSES OF DEATH | | | | 85 | |
| PHYSICIAN OR CORONER | | Primary <i>Injury</i> | | How long <i>About 5 days</i> | | | |
| | | Immediate <i>Had a fall & produced internal hemorrhage</i> | | How long | | | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Dr R P Bothis</i> | | | |
| | | | | Address <i>md</i> | | | |
| | | Accident or Suicide? <i>accident</i> | | <i>Bishopville</i> | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

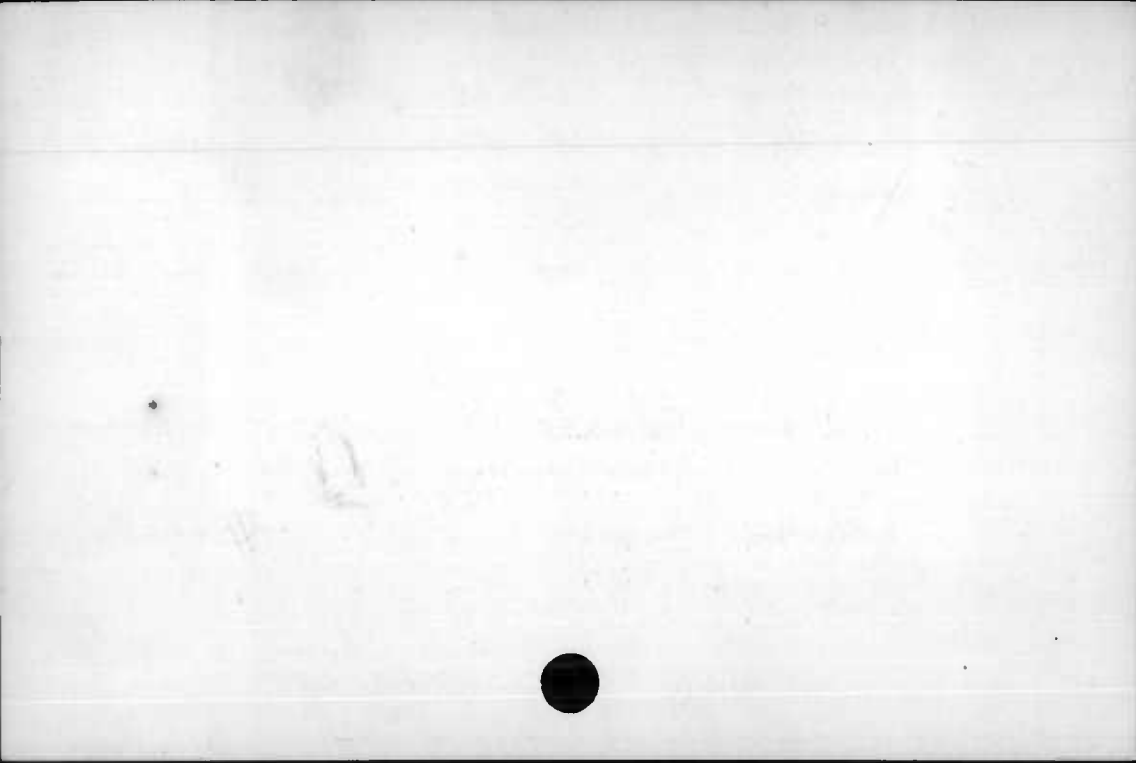
| | | | | | |
|--|----------------------------|---|-----------------------------|----------|------|
| Died at <i>Berlin</i> Town | | <i>unincor</i> County | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>Jan</i> | Day <i>17</i> | Age <i>80</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>none</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>Unknown</i> | | | |
| Father's Name <i>Ben Massey</i> | | Father's Birthplace <i>Maryland</i> | | | |
| Mother's Maiden Name <i>Liddie Massey</i> | | Mother's Birthplace <i>Maryland</i> | | | |
| Name of person giving information <i>Rat Marshalls</i> | | How related to deceased <i>None</i> | | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Senility</i> | How long <i>W/None</i> |
| Immediate <i>Pneumonia</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Jadok. P. Horn</i> |
| | Address <i>Berlin Ind</i> |
| Accident or Suicide? | |



Name
in
Full

Mary Martin

CERTIFICATE OF DEATH

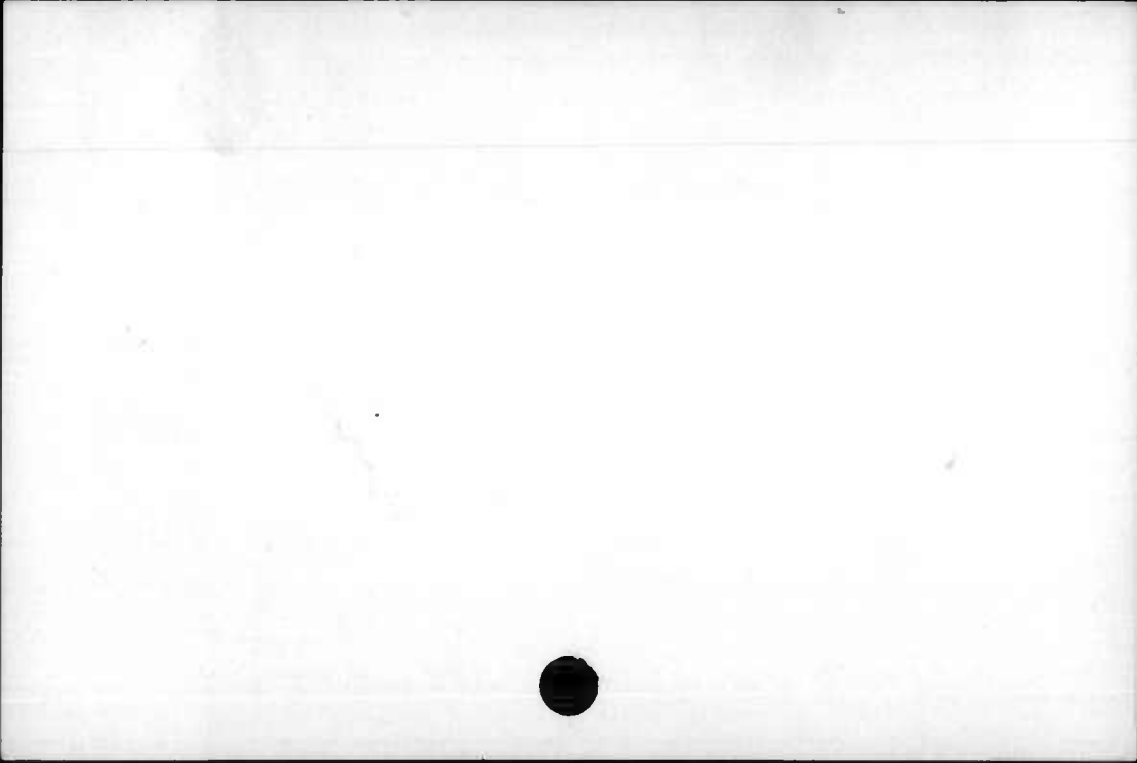
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|----------------|-------------------------|---|-------------------------|------|
| Died at <u>Willbroun</u> Town | | <u>Worcester</u> County | | MARYLAND | |
| Date of death | 1908 | Month | Jan | Day | 2 |
| Age | 9 | Years | | Months | 0 |
| Sex | Female | Color or Race | colored | Birth-place | Ms |
| Occupation | none | | Where Residing if not at place of death | | |
| Married, Single or Widowed | single | Name of Wife or Husband | | | |
| Father's Name | Charlie Martin | | | Father's Birthplace | Ms |
| Mother's Maiden Name | Willie Dix | | | Mother's Birthplace | Ms |
| Name of person giving information | John Roberts | | | How related to deceased | none |

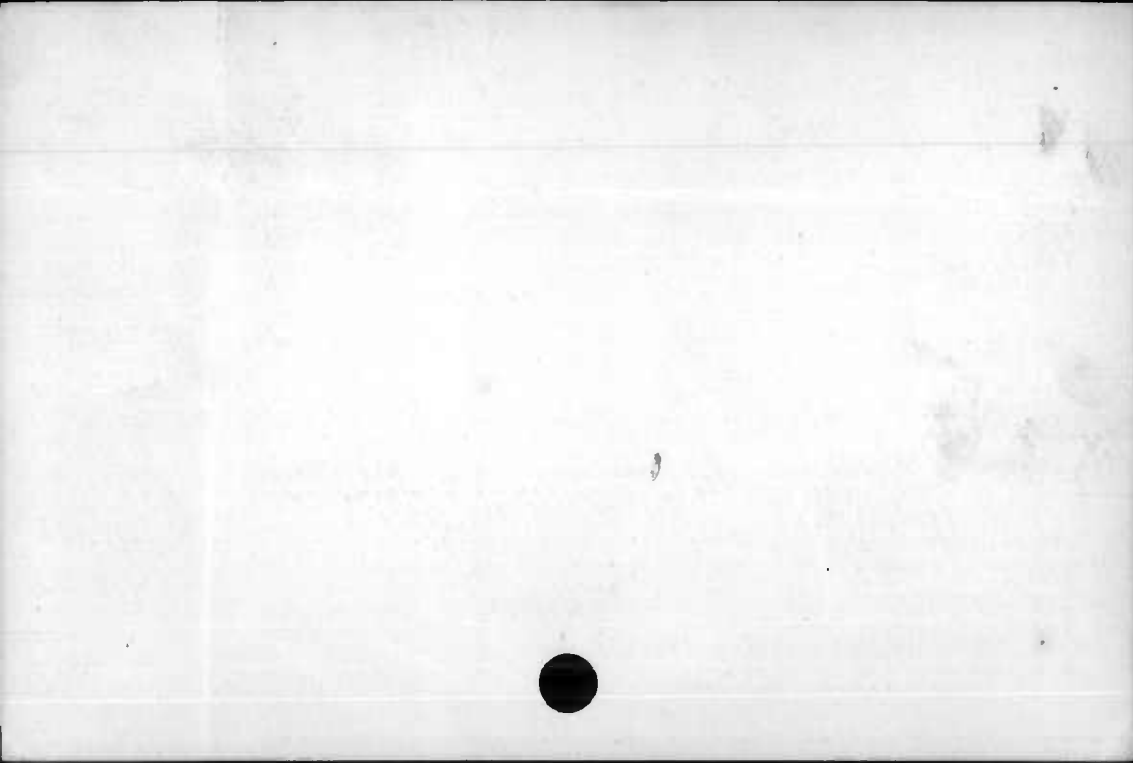
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|------------------------|
| Primary | <u>Typhoid fever</u> | How long | <u>8 weeks</u> |
| Immediate | <u>Exhaustion</u> | How long | <u>4 days</u> |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | <u>J. D. Dickerson</u> |
| | | Address | <u>Stickney</u> |
| | | | <u>Worcester Co</u> |
| Accident or Suicide? | | | |




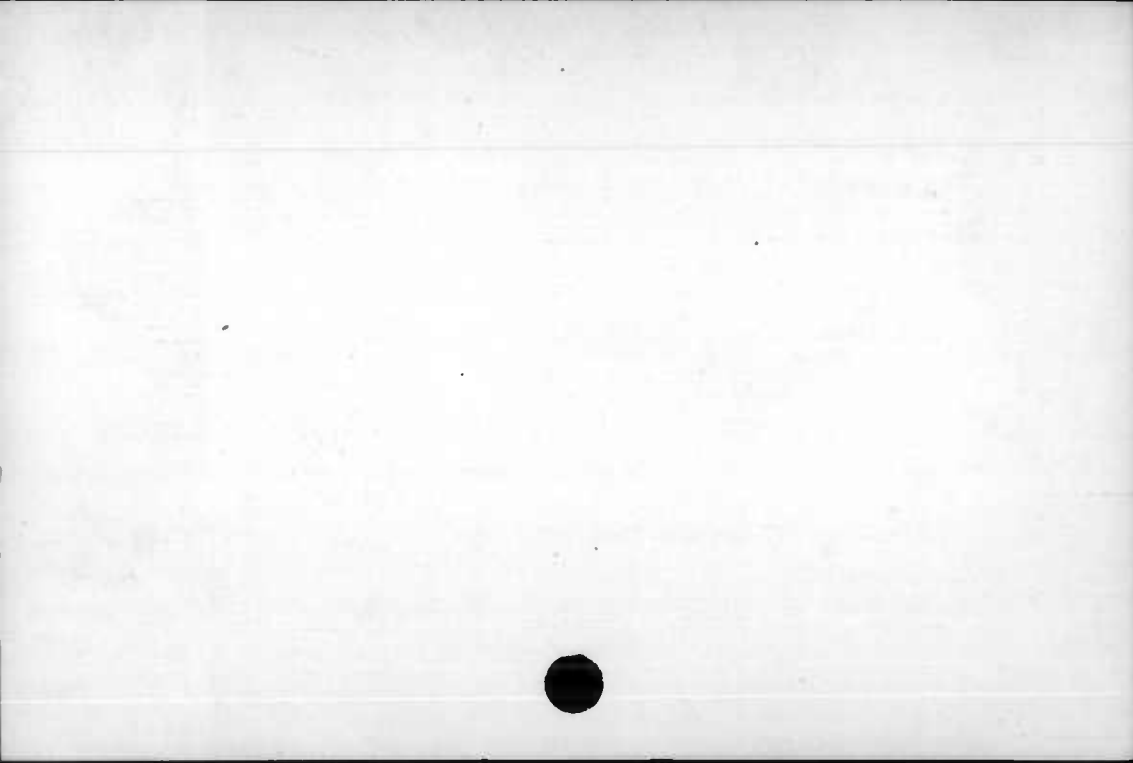
| Name in Full | | Town | | | | | County | | CERTIFICATE OF DEATH | | | |
|--|---|-----------------|-------------|----------------------------|------------|--|------------------------|--------------------|----------------------|--------|------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Parkerstown | | Winchester | | MARYLAND | | | | | |
| | Date of death | 1908 | Month | Jan | Day | 10 | Age | Years | 25 | Months | Days | |
| | Sex | Male | | Color or Race | White | | Birth- place | Maryland | | | | |
| | Occupation | Labor | | | | Where Residing if not at place of death | | — | | | | |
| | Married, Single or Widowed | Single | | Name of Wife or Husband | Unknown | | | | | | | |
| | Father's Name | John E. Massey | | | | | Father's Birthplace | Maryland | | | | |
| | Mother's Maiden Name | Lillian Widdger | | | | | Mother's Birthplace | Maryland | | | | |
| Name of person giving In formation | George W. Massey | | | | | How related to deceased | uncle | | | | | |
| <div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> 27 </div> | | | | | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Tuberculosis | | | | | How long | Three years | | | | |
| | Immediate | Tuberculosis | | | | | How long | Three years | | | | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | | Signature of Physician | | Geo Collins | | | | |
| | Yes | | | | | Address | | Bridgesville Md | | | | |
| | Accident or Suicide? | | | | | | | | | | | |



| | | | | | | | |
|--|--|-------------------------|---|--------|-------------|----------------------|------|
| Name in Full | | unmarried Merrill | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town | County | | MARYLAND | |
| | Date of death | | Month | Day | Years | Months | Days |
| | 1908 | | 1 | 16 | — | 4 | 14 |
| | Sex | | Color or Race | | Birth-place | | |
| | Male | | white | | md. | | |
| | Occupation | | Where Residing if not at place of death | | | | |
| | none | | — | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Single | | — | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Thos Merrill | | md. | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Florence Smith | | va | | | | | |
| Name of person giving information | | How related to deceased | | | | | |
| Thos Merrill | | father | | | | | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 2em; font-weight: bold;">90</div> </div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | How long | | | | |
| | Bronchitis | | 8 weeks | | | | |
| | Immediate | | How long | | | | |
| | Exhaustion | | some hours | | | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | | | |
| | | Address | | | | | |
| | | | | | | | |
| Accident or Suicide? | | | | | | | |



| | | | | | | | |
|---|--|---------------------------|--------------|--|-----|---|----------------------|
| Name in Full | | Miller | | | | CERTIFICATE OF DEATH | |
| | | Town Pawmokea | | County Winnemucca | | MARYLAND | |
| Died at | | | | | | | |
| Date of death | | 1908 | Month Jan | Day 28 | Age | Years | Months Still Born |
| Sex | | Male | | Color or Race | | White | |
| Occupation | | Infant | | Where Residing if not at place of death | | Pawmokea | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | | |
| Father's Name | | Chas Miller | | | | Father's Birthplace | |
| Mother's Maiden Name | | Clara Pusey | | | | Mother's Birthplace | |
| Name of person giving Information | | Chas Miller | | | | How related to deceased | |
| | | | | | | Father | |
| | | CAUSES OF DEATH | | | |  | |
| Primary | | — | | | | How long | |
| Immediate | | — | | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | James L. Linn | | | |
| | | Address | | Pawmokea, Nev. | | | |
| Accident or Suicide? | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elija B. Parsons

Town *Snow Hill* County *Worcester* **MARYLAND**

Died at *Snow Hill* Date of death *1908* Month *Jan* Day *22* Age *81* Years Months *1* Days *1*

Sex *male* Color or Race *White* Birthplace *Md.*

Occupation *Liveryman* Where Residing if not at place of death *Snow Hill*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Don't know* Father's Birthplace *Md*

Mother's Maiden Name *Don't know* Mother's Birthplace *Md*

Name of person giving Information *Ernest Parsons* How related to deceased *Son*

CAUSES OF DEATH

79

Primary *Heart Disease* How long *Years*

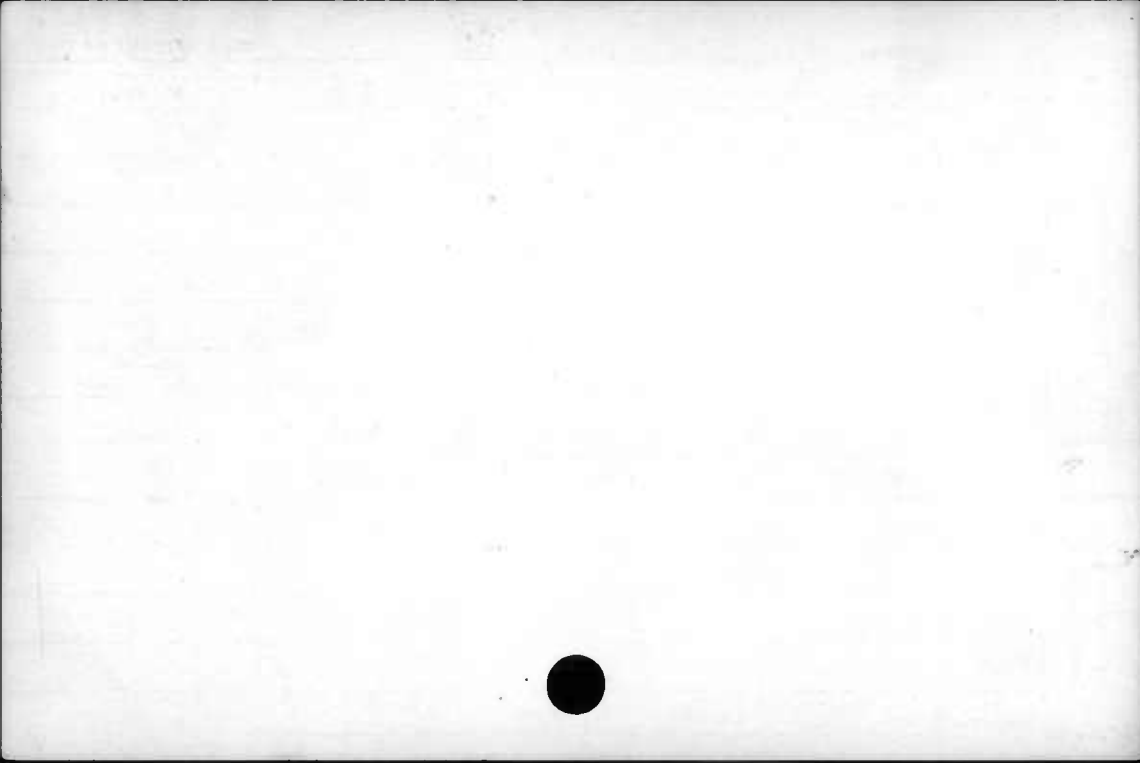
Immediate *Heart failure* How long *Few seconds*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *No Physician*

Address *OK Lane Jones Snow Hill*

Accident or Suicide *—*

PHYSICIAN
OR CORONER



Name
in
Full

Morris Wilson Pilchard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

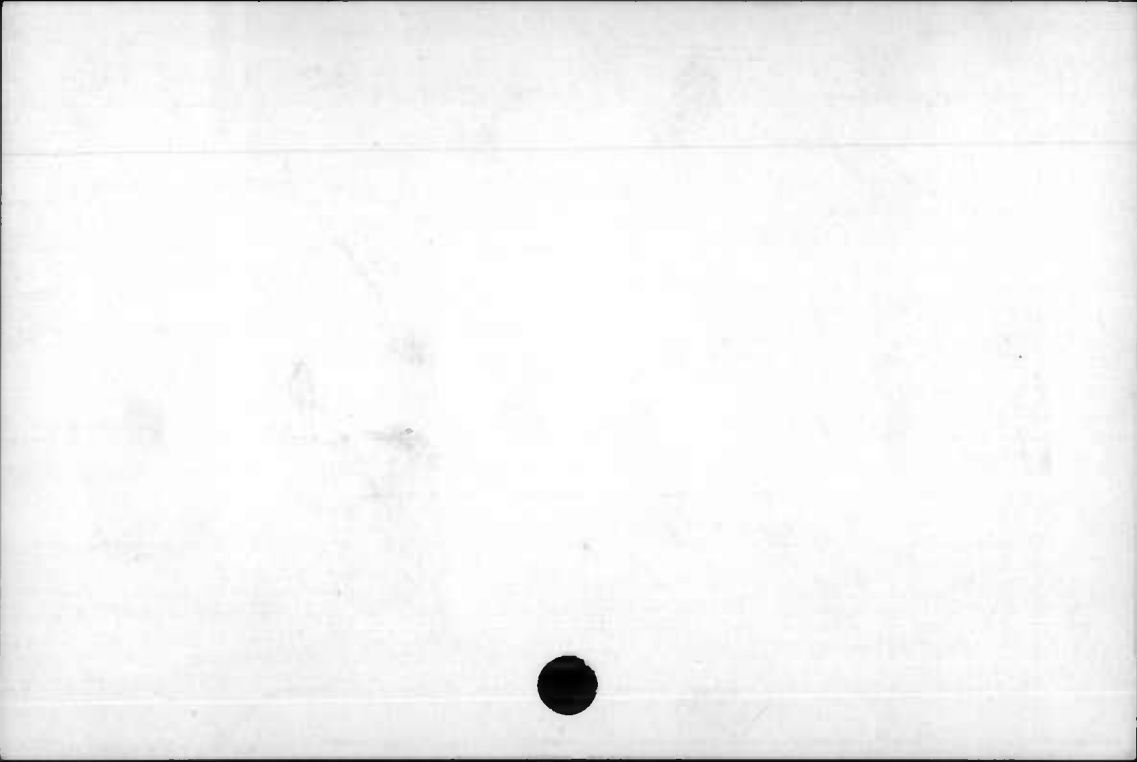
| | | | | | |
|---|----------------------------|-------------------------------------|---|-----------------|-----------------|
| Died at <i>Stockton</i> ^{Town} | | <i>Winchester</i> ^{County} | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>Jan</i> | Day <i>8</i> | Age <i>1</i> | Years <i>10</i> | Months <i>5</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>MD</i> | | |
| Occupation <i>run</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>single</i> | | Name of Wife or Husband <i>-</i> | | | |
| Father's Name <i>Charles C Pilchard</i> | | | Father's Birthplace <i>MD</i> | | |
| Mother's Maiden Name <i>Ruth M Sturgis</i> | | | Mother's Birthplace <i>MD</i> | | |
| Name of person giving information <i>Geo W Pilchard</i> | | | How related to deceased <i>nephew</i> | | |

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Meningeal Cerebral</i> | How long <i>2 days</i> |
| Immediate <i>Asphyxia</i> | How long <i>8 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. D. Dickerson</i> |
| | Address <i>Stockton Winchester MD</i> |
| Accident or Suicide? | |



Name
in
Full

Avery Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

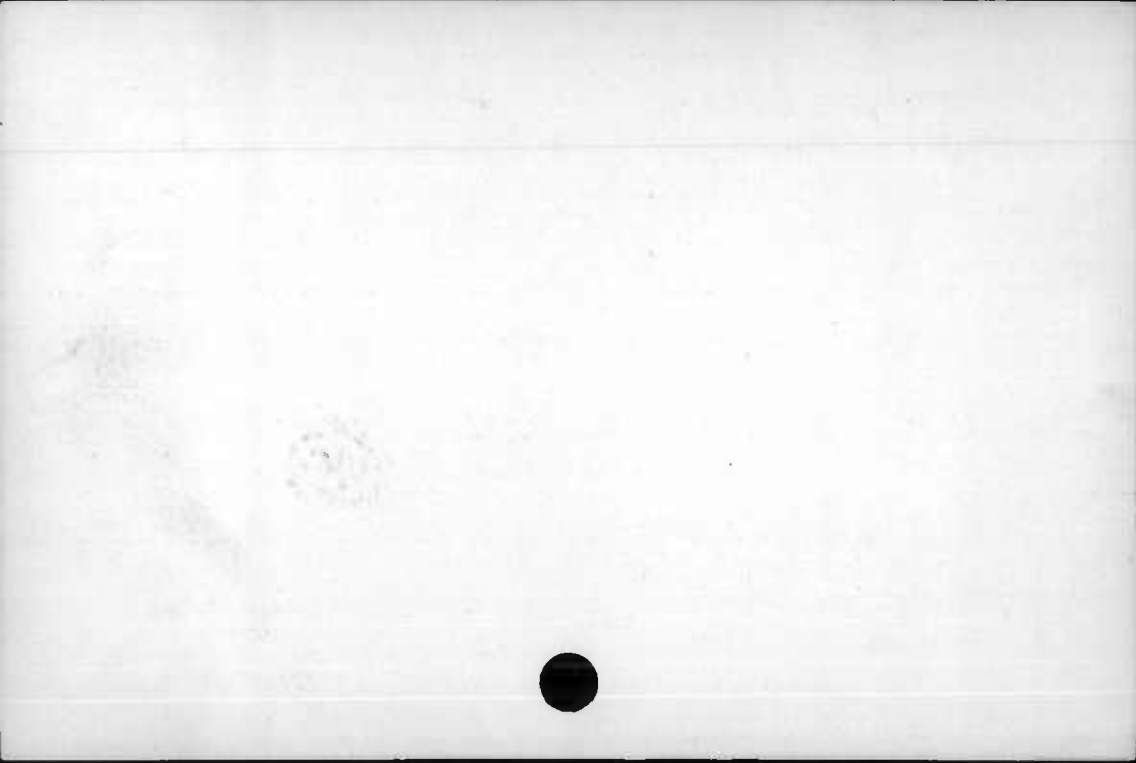
| | | | | | |
|---|--|--------------------------|-----------------------------|---------------|-----------------|
| Died at <u>Bethesda</u> , Town | | County <u>Winchester</u> | | MARYLAND | |
| Date of death | 1908 | Month <u>Jan</u> | Day <u>21</u> | Age <u>66</u> | Years <u>66</u> |
| Sex <u>Male</u> | Color or Race <u>Black</u> | | Birth-place <u>Maryland</u> | | |
| Occupation <u>Laborer</u> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband <u>Sarah Purnell</u> | | | | |
| Father's Name <u>Leven Purnell</u> | Father's Birthplace <u>Maryland</u> | | | | |
| Mother's Maiden Name <u>Amelia Ballins</u> | Mother's Birthplace <u>Maryland</u> | | | | |
| Name of person giving information <u>Peter Gray</u> | How related to deceased <u>none</u> | | | | |

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Lagrippe</u> | How long <u>1 week</u> |
| Immediate <u>Heart failure</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>E. J. Tolley</u> |
| | Address <u>Bethesda Md</u> |
| Accident or Suicide? <u>No</u> | |



Name
in
Full

Eliza Furnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

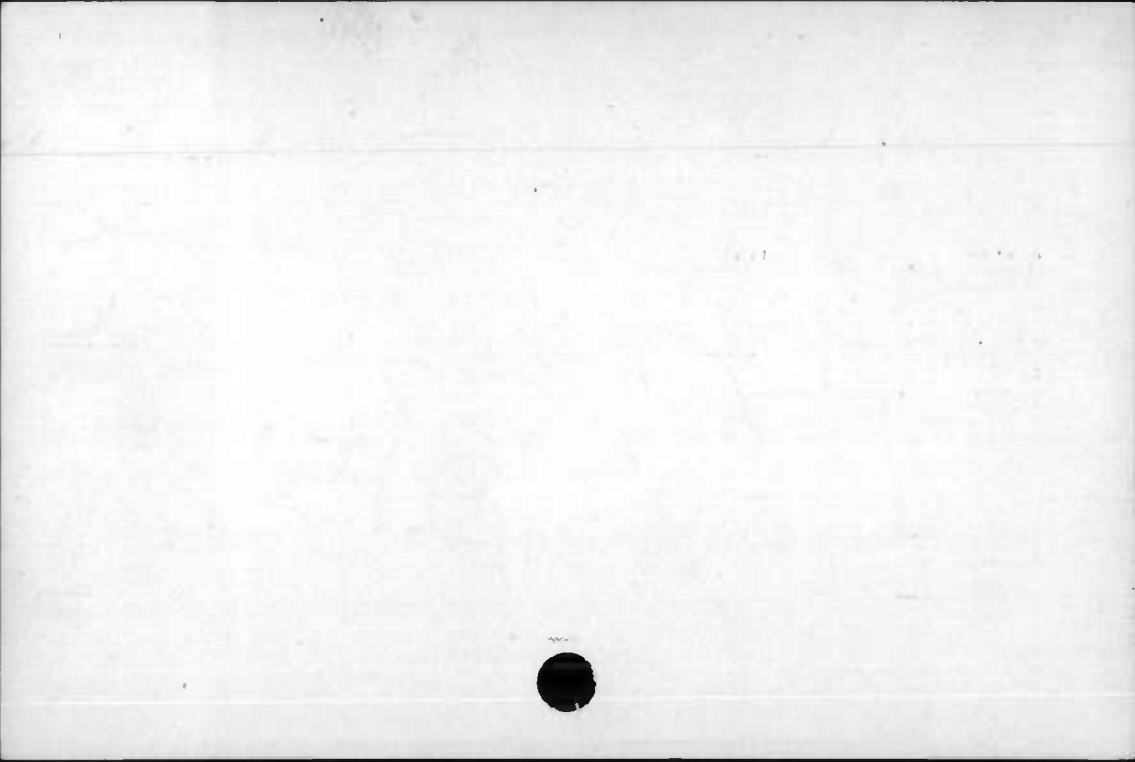
| | | | | | |
|---|--------------------------|---|---|----------|------|
| Died at <i>New Girdlestone</i> | | County <i>Worcester</i> | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>Jan</i> | Day | Years <i>70</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>Blk</i> | | Birth-place <i>Wor Co. Md</i> | | |
| Occupation <i>Servant</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Widow</i> | | Name of Wife or Husband <i>Mitchell Furnell</i> | | | |
| Father's Name <i>Harry Spence</i> | | | Father's Birthplace <i>Wor. Co. Md.</i> | | |
| Mother's Maiden Name <i>Unknown</i> | | | Mother's Birthplace | | |
| Name of person giving information <i>Sewell Furnell</i> | | | How related to deceased <i>Son in law</i> | | |

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------------------------|------------------------|----------------|
| Primary | <i>Pneumonia following "Grip"</i> | How long | <i>2 weeks</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>yes</i> | | <i>Paul Jones</i> | |
| | | Address | |
| | | <i>Shore Hill Md</i> | |
| Accident or Suicide? | | | |



Name
In
Full

CERTIFICATE OF DEATH

Breaston Pennell

Town

County

MARYLAND

Died at

*Stockton**Worcester*

Date

1908

Month

Day

Age

Years

Months

Days

Sex

*Male*Color or
Race*Black*Birth-
place*md*

Occupation

*Infant*Where Residing if not
at place of death*md*Married, Single
or WidowedName of Wife or
HusbandFather's
Name*C. H. Pennell*Father's
Birthplace*md*Mother's
Maiden Name*Bertie R. Handy*Mother's
Birthplace*md*Name of person giving
information*C. H. Pennell*How related
to deceased*father*

CAUSES OF DEATH

179

Primary

Heart Failure

How long

2 weeks

Immediate

yes

How long

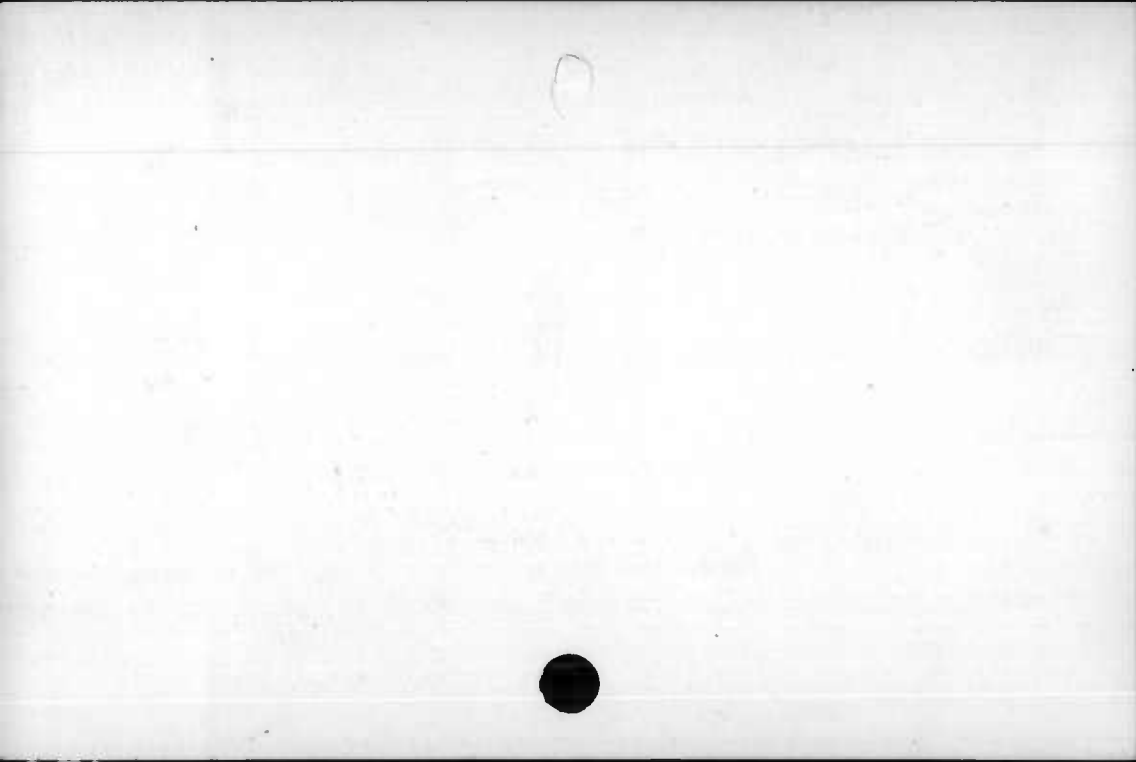
*1 day*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. C. Payne, Jr.*

Address

Stockton md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

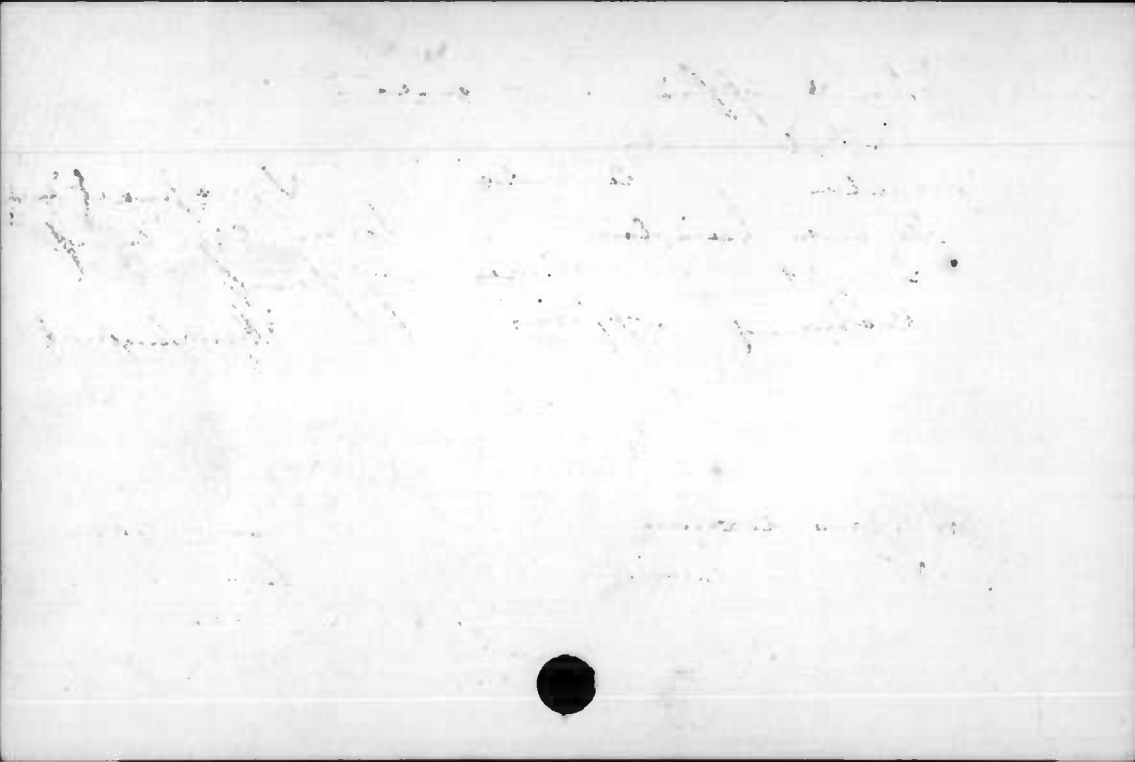


| Name in Full | | Certificate of Death | | | |
|--|--|---|-------------|----------|--------|
| Mary Jane Robbins | | Town | | County | |
| Died at | | Pocomoke City | | Wicomico | |
| Date of death | | Month | Day | Years | Months |
| 1908 | | Jan | 29 | 48 | |
| Sex | | Color or Race | Birth-place | | |
| Female | | Colored | Wicomico Co | | |
| Occupation | | Where Residing if not at place of death | | | |
| Domestic | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Married | | Purnell Robbins | | | |
| Father's Name | | Father's Birthplace | | | |
| Geo. Lane | | Wicomico Co | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | |
| Margaret Roach | | Wicomico Co | | | |
| Name of person giving information | | How related to deceased | | | |
| Purnell Robbins | | Husband | | | |
| CAUSES OF DEATH | | | | | |
| Primary | | Probably Heart disease | | How long | |
| Immediate | | Died Suddenly | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | | |
| | | R. Reel Hall | | | |
| | | Address | | | |
| | | Pocomoke City Md | | | |
| Accident or Suicide? | | (Was dead when I reached the house) | | | |

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

79



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|-------------------------|--|-----------------|--|
| Name in Full James H Shockley | | Town Snow Hill | | County Worcester | | MARYLAND | |
| Died at | | Month Jan | | Day 29 | | Years 87 | |
| Date of death | | Months - | | Days - | | | |
| Sex Male | | Color or Race White | | Birth-place Ind | | | |
| Occupation Housewife | | Where Residing if not place of death - | | | | | |
| Married Single or Widowed Single | | Name of Wife or Husband James Shockley | | | | | |
| Father's Name Unknown | | Father's Birthplace - | | | | | |
| Mother's Maiden Name Unknown | | Mother's Birthplace - | | | | | |
| Name of person giving information Chas Shockley | | How related to deceased Son | | | | | |

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary Senility - | How long Gradual decline |
| Immediate Heart failure | How long |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician Paul Jones |
| Accident or Suicide? No | Address Snow Hill Md |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

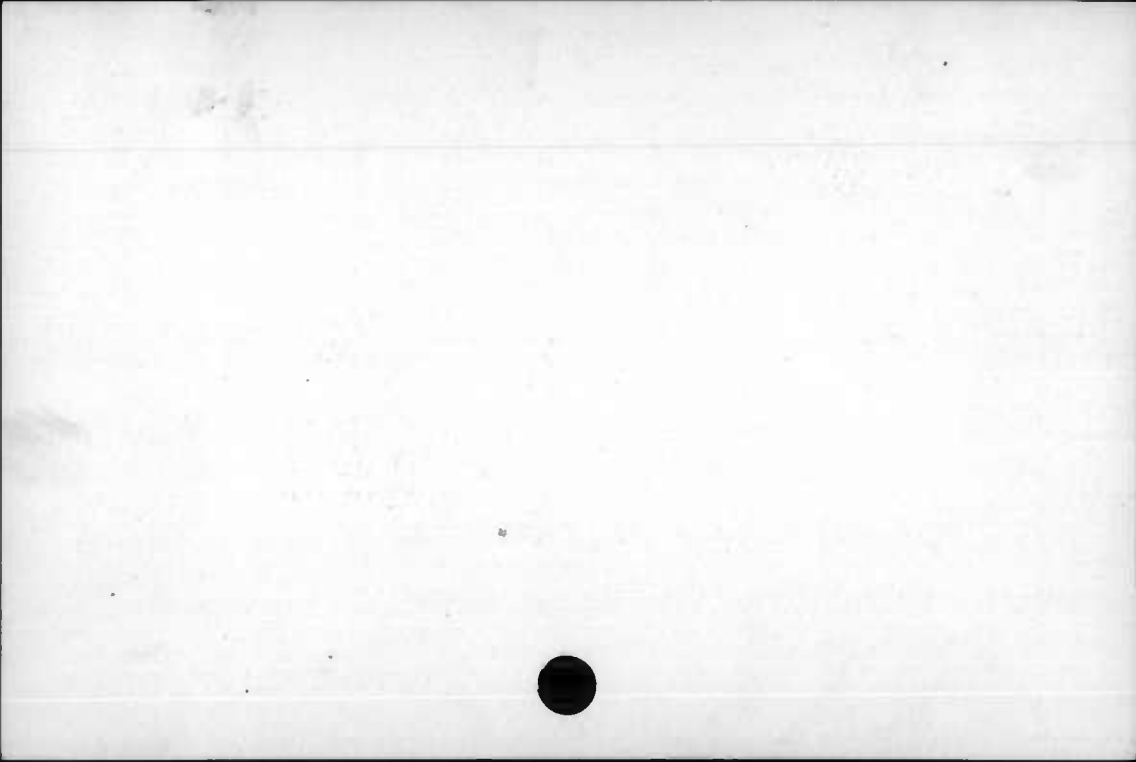
| | | | | | |
|--|----------------------------|-------------------------------------|---|---------------|-----------------|
| Died at <i>Synscent</i> Town | | County <i>Norfolk</i> | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>1</i> | Day <i>19</i> | Age <i>22</i> | Years <i>22</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Iud</i> | | |
| Occupation <i>Farmer</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>None</i> | | | |
| Father's Name <i>John L. Sullivan</i> | | Father's Birthplace <i>Iud</i> | | | |
| Mother's Maiden Name <i>Miss Birch</i> | | Mother's Birthplace <i>27</i> | | | |
| Name of person giving information <i>Henry Littleton</i> | | How related to deceased | | | |

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

| | |
|--|------------------------------------|
| Primary <i>Epileptic</i> | How long <i>Found dead</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>None</i> |
| <i>8</i> | Address |
| | <i>OK L. A. Massey</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

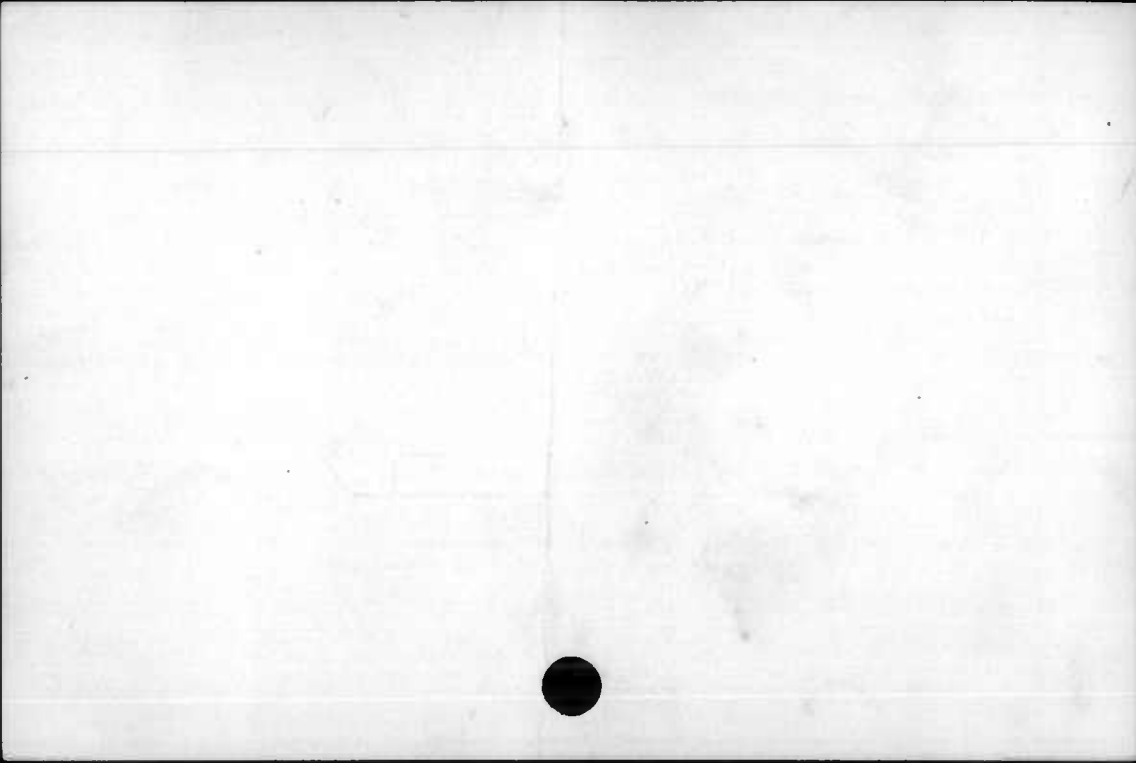
| | | | |
|--|--|---|------------------------|
| Died at <i>Pearson City</i> ^{Town} <i>Worcester</i> ^{County} | | MARYLAND | |
| Date of death | 190 <i>8</i> ^{Month} <i>Jan</i> ^{Day} <i>23</i> ^{Years} <i>20</i> | Months | Days |
| Sex | <i>Female</i> | Color or Race | <i>White</i> |
| Occupation | <i>House work</i> | Where Residing if not at place of death | <i>Pearson City Md</i> |
| Married, Single or Widowed | <i>Single</i> | Name of Wife or Husband | <i>—</i> |
| Father's Name | <i>Robt C. Puellin</i> | Father's Birthplace | <i>Taftsville Md</i> |
| Mother's Maiden Name | <i>Lettie E. Henson</i> | Mother's Birthplace | <i>Berlin Md</i> |
| Name of person giving information | | How related to deceased | |

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------|------------------------|------------------------|
| Primary | <i>Erysipelas</i> | How long | <i>six weeks</i> |
| Immediate | <i>concurrent</i> | How long | <i>a few minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>J. J. Townsend</i> |
| | | Address | <i>Pearson City Md</i> |
| Accident or Suicide? | | | |



Name
in
Full

Minnie U. Tarr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Girdletree ^{County} Worcester

Date of death 1908 ^{Month} Jan ^{Day} 6 ^{Years} Age 20 ^{Months} 5 ^{Days} unknown

Sex Female ^{Color or Race} white ^{Birth-place} Girdletree, MD

Occupation No occupation ^{Where Residing if not at place of death}

Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name William Tarr ^{Father's Birthplace} Snow Hill, Md

Mother's Maiden Name Harriet Sturgis ^{Mother's Birthplace} Girdletree Md

Name of person giving information Wm T. Tarr ^{How related to deceased} Brother

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary Tuberculosis meningitis ^{How long} 3 mos

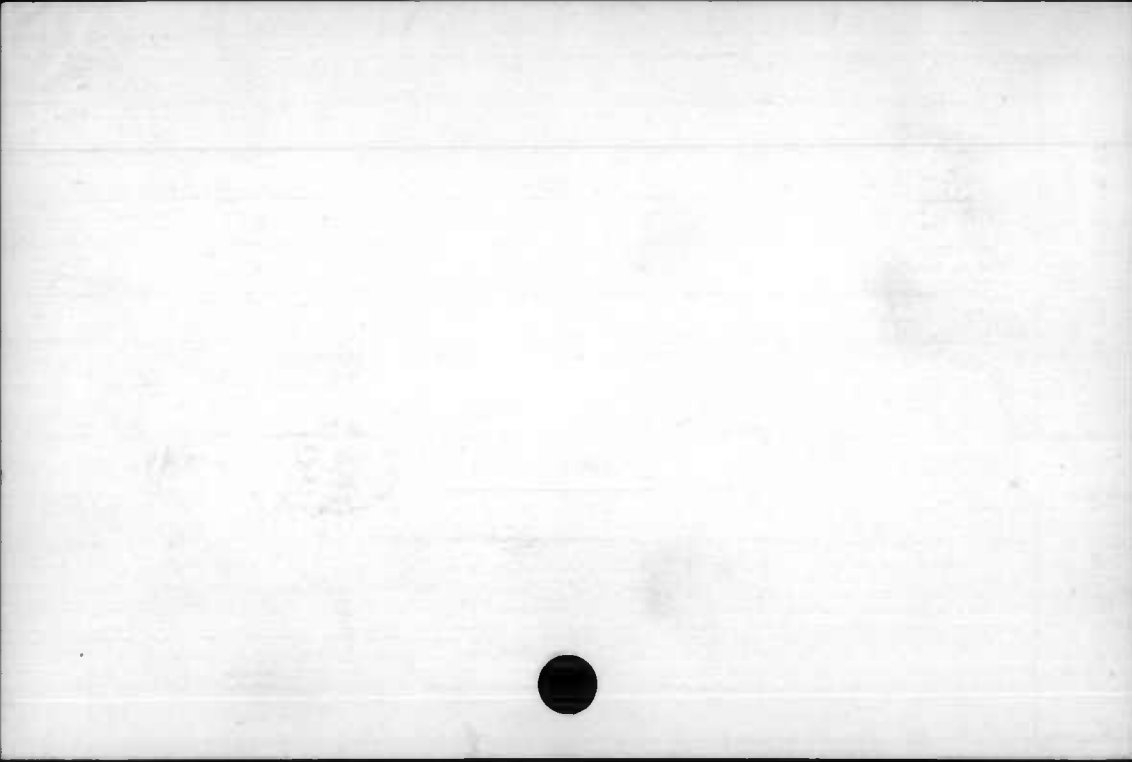
Immediate " " ^{How long} 3 mos.

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} John L. Riley.

^{Address} Snow Hill,

Maryland.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|------------------------------|--|--|--|----------------|--|
| Name in Full <i>Gertrude Taylor</i> | | Town <i>Pocomoke City</i> | | County <i>Worcester</i> | | MARYLAND | |
| Died at <i>Pocomoke City</i> | | Month <i>Jan</i> | | Day <i>11</i> | | Years <i>9</i> | |
| Date of death <i>1909</i> | | Month <i>Jan</i> | | Day <i>11</i> | | Age <i>9</i> | |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Pocomoke City</i> | | | |
| Occupation <i>Infant</i> | | | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>—</i> | | | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Era Taylor</i> | | | | Father's Birthplace <i>Pocomoke City</i> | | | |
| Mother's Maiden Name <i>Jennie Mills</i> | | | | Mother's Birthplace <i>" "</i> | | | |
| Name of person giving information <i>" "</i> | | | | How related to deceased <i>Mother</i> | | | |

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Malaria & Indigestion</i> | How long <i>3 weeks</i> |
| Immediate <i>Congestion of Brain</i> | How long <i>Two days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>F. W. L. Taylor</i> |
| | Address <i>Pocomoke City, Md</i> |
| Accident or Suicide? <i>—</i> | |

0170110 .

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

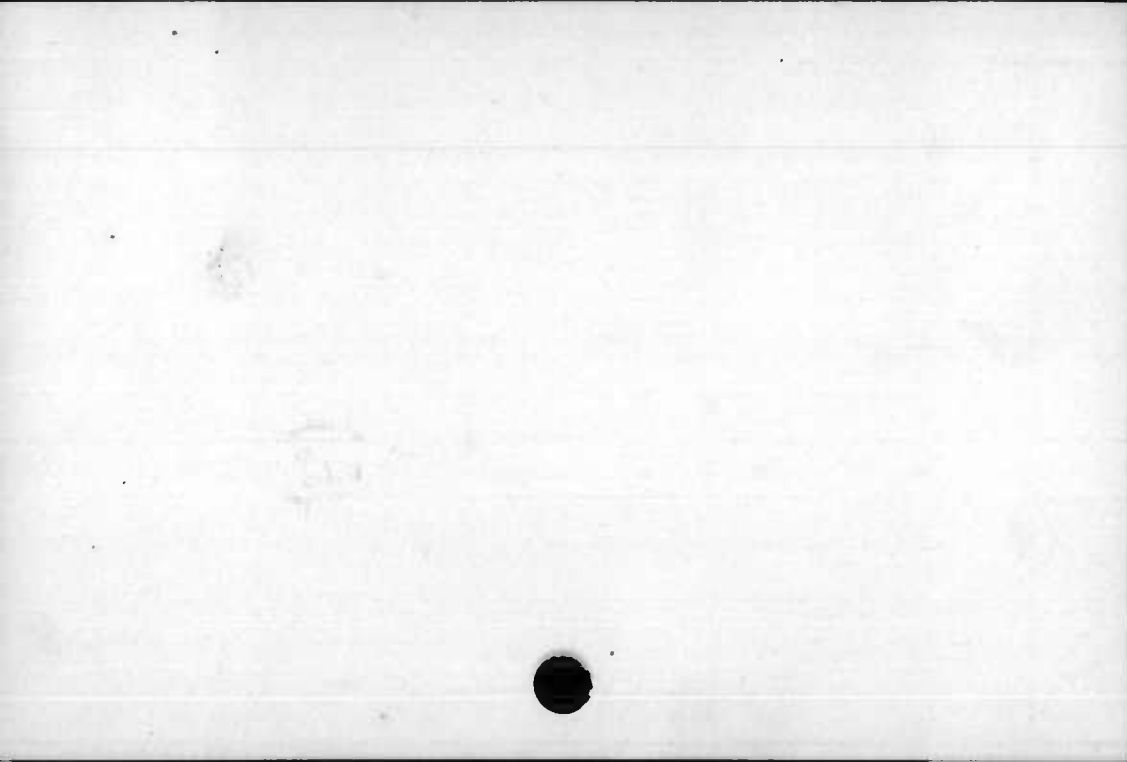
| | | | | | | | |
|--|--|---|--|--------------------------------|--|--------------------|--|
| Name in Full <i>Thomas Tingle</i> | | Town <i>New Market</i> | | County <i>Frederick</i> | | MARYLAND | |
| Died at <i>New Market</i> | | Month <i>Jan</i> | | Day <i>11</i> | | Years <i>73</i> | |
| Date of death <i>1908</i> | | Month <i>Jan</i> | | Day <i>11</i> | | Age <i>73</i> | |
| Sex <i>Male</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Maryland</i> | | | |
| Occupation <i>Harmon</i> | | Where Residing if not at place of death <i>at home</i> | | | | | |
| Married, Single or Widowed <i>widower</i> | | Name of Wife or Husband <i>I don't know</i> | | | | | |
| Father's Name <i>Barton Tingle</i> | | Father's Birthplace <i>Maryland</i> | | | | | |
| Mother's Maiden Name <i>Blairie Howell</i> | | Mother's Birthplace <i>Maryland</i> | | | | | |
| Name of person giving information <i>Charlie Tingle</i> | | How related to deceased <i>son</i> | | | | | |

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Dropsy</i> | How long <i>one year</i> |
| Immediate <i>no</i> | How long <i>one year</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>[Signature]</i> |
| Address <i>P Bayne Bishopville Md.</i> | |
| Accident or Suicide? <i>[Initials]</i> | |



Name
in
Full

Unmarried Vincent

CERTIFICATE OF DEATH

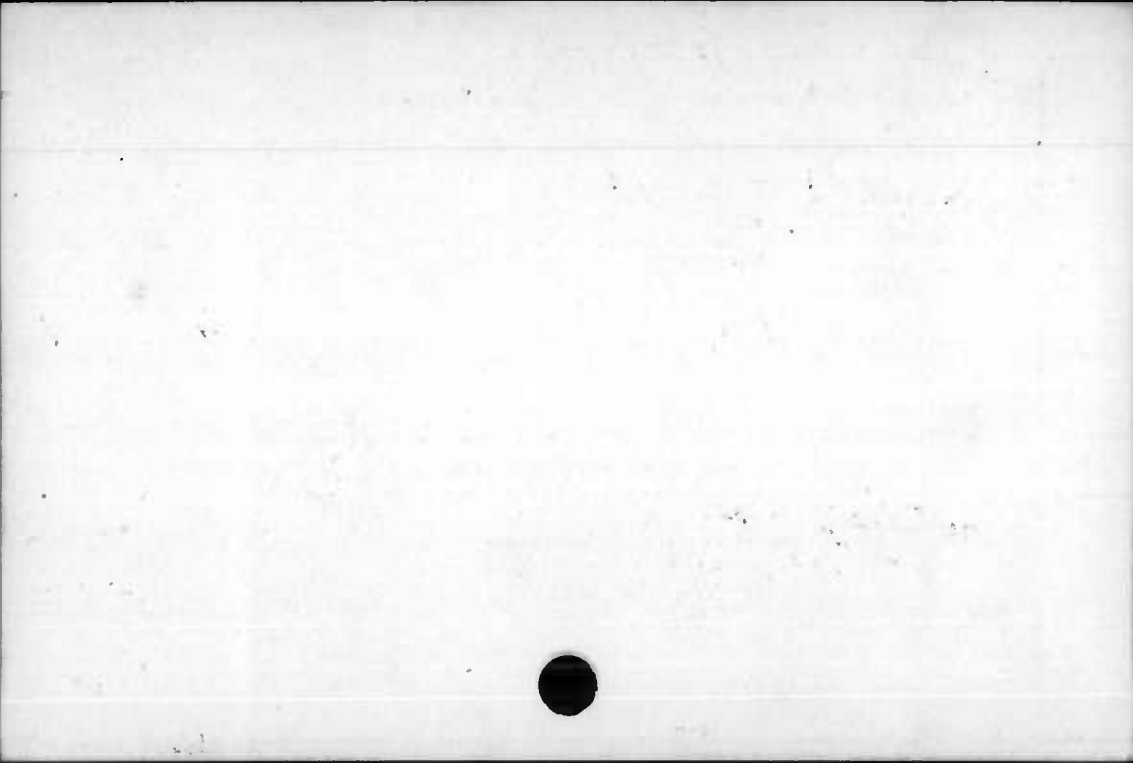
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|------------------|------------------|----------------------------|--|----------------------------|-----------------|-----------|
| Died at | | Town Pocomoke | | County Worcester | | MARYLAND | |
| Date of death | 1908 | Month 1 | Day 22 | Age — | Years — | Months — | Days — |
| Sex | Female | | Color or Race | White | | Birth- place | md. |
| Occupation | None | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | | |
| Father's Name | J. Frank Vincent | | | | Father's Birthplace | md. | |
| Mother's Maiden Name | Alice E. Dixon | | | | Mother's Birthplace | W. Va. | |
| Name of person giving Information | J. Frank Vincent | | | | How related to deceased | Father | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|----------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | |
| Signature of Physician | Address |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|----------------------------|--|--------------------|--|
| Name in Full <i>Mary L. Walston</i> | | Town <i>Berlin</i> | | County <i>Worcester</i> | | MARYLAND | |
| Died at | | Month <i>Jan</i> | | Day <i>9</i> | | Years <i>49</i> | |
| Date of death | | <i>1908</i> | | Months <i>7</i> | | Days <i>7</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birthplace <i>Ind</i> | | | |
| Occupation <i>House wife</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Tom Walston</i> | | | | | |
| Father's Name <i>James Goffey</i> | | Father's Birthplace <i>Ind</i> | | | | | |
| Mother's Maiden Name <i>Rachel</i> | | Mother's Birthplace <i>"</i> | | | | | |
| Name of person giving In formation <i>Tom Walston</i> | | How related to deceased <i>Husband</i> | | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Pulmonary Tuberculosis</i> | | How long <i>2 years</i> | |
| Immediate | | | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Dr. B. Tyndall</i> | |
| | | Address <i>Berlin Ind.</i> | |
| Accident or Suicide? <i>—</i> | | | |

(12)